

1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 456.0391, F.S.; requiring an autonomous physician
4 assistant to submit certain information to the
5 Department of Health; requiring the department to send
6 a notice regarding the required information to submit;
7 requiring autonomous physician assistants who have
8 submitted required information to update such
9 information in writing; providing penalties; amending
10 s. 456.041, F.S.; requiring the department to provide
11 a practitioner profile for an autonomous physician
12 assistant; amending ss. 458.347 and 459.022, F.S.;
13 defining the term "autonomous physician assistant";
14 authorizing third-party payors to reimburse employers
15 for services provided by autonomous physician
16 assistants; deleting a requirement that a physician
17 assistant must inform a patient of a right to see a
18 physician before prescribing or dispensing a
19 prescription; revising the requirements for physician
20 assistant education and training programs; authorizing
21 the Board of Medicine to impose certain penalties upon
22 an autonomous physician assistant; requiring the board
23 to register a physician assistant as an autonomous
24 physician assistant if the applicant meets certain
25 criteria; providing requirements; providing

26 | exceptions; requiring the department to distinguish
27 | such autonomous physician assistants' licenses;
28 | authorizing such autonomous physician assistants to
29 | perform specified acts without physician supervision
30 | or supervisory protocol; requiring biennial
31 | registration renewal; requiring the Council on
32 | Physician Assistants to establish rules; revising the
33 | membership and duties of the council; prohibiting a
34 | person who is not registered as an autonomous
35 | physician assistant from using the title; providing
36 | for the denial, suspension, or revocation of the
37 | registration of an autonomous physician assistant;
38 | requiring the board to adopt rules; requiring
39 | autonomous physician assistants to report adverse
40 | incidents to the department; amending s. 464.012,
41 | F.S.; requiring applicants for registration as an
42 | advanced practice registered nurse to apply to the
43 | Board of Nursing; authorizing an advanced practice
44 | registered nurse to sign, certify, stamp, verify, or
45 | endorse a document that requires the signature,
46 | certification, stamp, verification, affidavit, or
47 | endorsement of a physician within the framework of an
48 | established protocol; providing an exception; creating
49 | s. 464.0123, F.S.; defining the term "autonomous
50 | practice"; providing for the registration of an

51 advanced practice registered nurse to engage in
52 autonomous practice; providing registration
53 requirements; requiring the department to distinguish
54 such advanced practice registered nurses' licenses and
55 include the registration in their practitioner
56 profiles; authorizing such advanced practice
57 registered nurses to perform specified acts without
58 physician supervision or supervisory protocol;
59 requiring biennial registration renewal and continuing
60 education; authorizing the Board of Nursing to
61 establish an advisory committee to determine the
62 medical acts that may be performed by such advanced
63 practice registered nurses; providing for appointment
64 and terms of committee members; requiring the board to
65 adopt rules; creating s. 464.0155, F.S.; requiring
66 advanced practice registered nurses who are registered
67 to engage in autonomous practice to report adverse
68 incidents to the Department of Health; providing
69 requirements; defining the term "adverse incident";
70 providing for department review of such reports;
71 authorizing the department to take disciplinary
72 action; amending s. 464.018, F.S.; providing
73 additional grounds for denial of a license or
74 disciplinary action for advanced practice registered
75 nurses who are registered to engage in autonomous

76 practice; amending s. 39.01, F.S.; revising the
77 definition of the term "licensed health care
78 professional" to include an autonomous physician
79 assistant; amending s. 39.303, F.S.; authorizing a
80 specified autonomous physician assistant to review
81 certain cases of abuse or neglect and standards for
82 face-to-face medical evaluations by a child protection
83 team; amending s. 39.304, F.S.; authorizing an
84 autonomous physician assistant to perform or order an
85 examination and diagnose a child without parental
86 consent under certain circumstances; amending s.
87 110.12315, F.S.; revising requirements for
88 reimbursement of pharmacies for specified prescription
89 drugs and supplies under the state employees'
90 prescription drug program; amending s. 252.515, F.S.;
91 providing immunity from civil liability for an
92 autonomous physician assistant under the Postdisaster
93 Relief Assistance Act; amending ss. 310.071, 310.073,
94 and 310.081, F.S.; authorizing an autonomous physician
95 assistant and a physician assistant to administer the
96 physical examination required for deputy pilot
97 certification and state pilot licensure; authorizing
98 an applicant for a deputy pilot certificate or a state
99 pilot license to use controlled substances prescribed
100 by an autonomous physician assistant; amending s.

101 320.0848, F.S.; authorizing an autonomous physician
102 assistant to certify that a person is disabled to
103 satisfy requirements for certain permits; amending s.
104 381.00315, F.S.; providing for the temporary
105 reactivation of the registration of an autonomous
106 physician assistant in a public health emergency;
107 amending s. 381.00593, F.S.; revising the definition
108 of the term "health care practitioner" to include an
109 autonomous physician assistant for purposes of the
110 Public School Volunteer Health Care Practitioner Act;
111 amending s. 381.026, F.S.; revising the definition of
112 the term "health care provider" to include an advanced
113 practice registered nurse and an autonomous physician
114 assistant for purposes of the Florida Patient's Bill
115 of Rights and Responsibilities; amending s. 382.008,
116 F.S.; authorizing an autonomous physician assistant, a
117 physician assistant, or an advanced practice
118 registered nurse to file a certificate of death or
119 fetal death under certain circumstances; authorizing a
120 certified nurse midwife to provide certain information
121 to the funeral director within a specified time
122 period; replacing the term "primary or attending
123 physician" with "primary or attending practitioner";
124 defining the term "primary or attending practitioner";
125 amending s. 382.011, F.S.; conforming a provision to

126 changes made by the act; amending s. 383.14, F.S.;

127 authorizing the release of certain newborn tests and

128 screening results to an autonomous physician

129 assistant; revising the definition of the term "health

130 care practitioner" to include an autonomous physician

131 assistant for purposes of screening for metabolic

132 disorders, other hereditary and congenital disorders,

133 and environmental risk factors; amending s. 390.0111,

134 F.S.; authorizing an autonomous physician assistant to

135 review an ultrasound with a woman before an abortion

136 procedure; amending s. 390.012, F.S.; authorizing an

137 autonomous physician assistant to provide

138 postoperative monitoring and to be available

139 throughout an abortion procedure, remain at the

140 abortion clinic until all patients are discharged, and

141 attempt to assess the patient's recovery within a

142 specified time period; amending s. 394.463, F.S.;

143 authorizing an autonomous physician assistant, a

144 physician assistant, and an advanced practice

145 registered nurse to initiate an involuntary

146 examination for mental illness under certain

147 circumstances; authorizing a physician assistant to

148 examine a patient; amending s. 395.0191, F.S.;

149 providing an exception to certain onsite medical

150 direction requirements for a specified advanced

151 practice registered nurse; amending 395.602, F.S.;

152 authorizing the Department of Health to use certain

153 funds to increase the number of autonomous physician

154 assistants in rural areas; amending s. 397.501, F.S.;

155 prohibiting the denial of certain services to an

156 individual who takes medication prescribed by an

157 autonomous physician assistant, a physician assistant,

158 or an advanced practice registered nurse; amending ss.

159 397.679 and 397.6793, F.S.; authorizing an autonomous

160 physician assistant to execute a certificate for

161 emergency admission of a person who is substance abuse

162 impaired; amending s. 400.021, F.S.; revising the

163 definition of the term "geriatric outpatient clinic"

164 to include a site staffed by an autonomous physician

165 assistant; amending s. 400.172, F.S.; authorizing an

166 autonomous physician assistant and an advanced

167 practice registered nurse to provide certain medical

168 information to a prospective respite care resident;

169 amending s. 400.487, F.S.; authorizing autonomous

170 physician assistants to establish treatment orders for

171 certain patients under certain circumstances; amending

172 s. 400.506, F.S.; requiring autonomous physician

173 assistants to comply with specified requirements for a

174 plan of treatment; amending ss. 400.9973, 400.9974,

175 400.9976, and 400.9979, F.S.; authorizing an

176 autonomous physician assistant to prescribe admission
177 to a transitional living facility and provide care for
178 the duration of the client's stay in such facility,
179 provide orders for a comprehensive treatment plan,
180 supervise and record medications to be administered to
181 a client, and order physical or chemical restraints
182 for a client, respectively; amending s. 401.445, F.S.;
183 prohibiting recovery of damages in court against a
184 registered autonomous physician assistant under
185 certain circumstances; requiring an autonomous
186 physician assistant to attempt to obtain a person's
187 consent before providing emergency services; amending
188 ss. 409.906 and 409.908, F.S.; authorizing the agency
189 to reimburse an autonomous physician assistant for
190 providing certain optional Medicaid services; amending
191 s. 409.973, F.S.; requiring managed care plans to
192 cover autonomous physician assistant services;
193 amending s. 429.26, F.S.; prohibiting autonomous
194 physician assistants from having a financial interest
195 in the assisted living facility that employs them;
196 authorizing an autonomous physician assistant to
197 examine an assisted living facility resident before
198 admission; amending s. 429.918, F.S.; revising the
199 definition of the term "ADRD participant" to include a
200 participant who has a specified diagnosis from an

201 autonomous physician assistant; authorizing an
202 autonomous physician assistant to provide signed
203 documentation to an ADRD participant; amending s.
204 440.102, F.S.; authorizing an autonomous physician
205 assistant to collect a specimen for a drug test for
206 specified purposes; amending s. 456.053, F.S.;
207 revising definitions; authorizing an advanced practice
208 registered nurse who is engaging in autonomous
209 practice and an autonomous physician assistant to make
210 referrals under certain circumstances; conforming a
211 cross-reference; amending s. 456.072, F.S.; providing
212 penalties for an autonomous physician assistant who
213 prescribes or dispenses a controlled substance in a
214 certain manner; amending s. 456.44, F.S.; revising the
215 definition of the term "registrant" to include an
216 autonomous physician assistant for purposes of
217 controlled substance prescribing; providing
218 requirements for an autonomous physician assistant who
219 prescribes controlled substances for the treatment of
220 chronic nonmalignant pain; amending ss. 458.3265 and
221 459.0137, F.S.; requiring an autonomous physician
222 assistant to perform a physical examination of a
223 patient at a pain-management clinic under certain
224 circumstances; amending ss. 458.331 and 459.015, F.S.;
225 providing grounds for denial of a license or

226 disciplinary action against an autonomous physician
227 assistant for certain violations; amending s. 464.003,
228 F.S.; revising the definition of the term "practice of
229 practical nursing" to include a registered autonomous
230 physician assistant for purposes of authorizing such
231 assistant to supervise a licensed practical nurse;
232 amending s. 464.0205, F.S.; authorizing an autonomous
233 physician assistant to directly supervise a certified
234 retired volunteer nurse; amending s. 480.0475, F.S.;
235 authorizing the operation of a massage establishment
236 during specified hours if the massage therapy is
237 prescribed by an autonomous physician assistant;
238 amending s. 493.6108, F.S.; authorizing an autonomous
239 physician assistant to certify the physical fitness of
240 a certain class of applicants to bear a weapon or
241 firearm; amending s. 626.9707, F.S.; providing that an
242 autonomous physician assistant and an advanced
243 practice registered nurse may provide services to
244 certain persons without insurer discrimination;
245 amending s. 627.357, F.S.; revising the definition of
246 the term "health care provider" to include an
247 autonomous physician assistant for purposes of medical
248 malpractice self-insurance; amending s. 627.736, F.S.;
249 requiring personal injury protection insurance to
250 cover a certain percentage of medical services and

251 care provided by specified health care providers;
252 providing for reimbursement of advanced practice
253 registered nurses who are registered to engage in
254 autonomous practice or autonomous physician assistants
255 up to a specified amount for providing medical
256 services and care; amending s. 633.412, F.S.;;
257 authorizing an autonomous physician assistant to
258 medically examine an applicant for firefighter
259 certification; amending s. 641.495, F.S.; requiring
260 certain health maintenance organization documents to
261 disclose that certain services may be provided by
262 autonomous physician assistants or advanced practice
263 registered nurses; amending s. 744.2006, F.S.;;
264 authorizing an autonomous physician assistant to carry
265 out guardianship functions under a contract with a
266 public guardian; conforming terminology; amending s.
267 744.331, F.S.; authorizing an autonomous physician
268 assistant or a physician assistant to be an eligible
269 member of an examining committee; conforming
270 terminology; amending s. 766.103, F.S.; prohibiting
271 recovery of damages against an autonomous physician
272 assistant under certain conditions; amending s.
273 766.105, F.S.; revising the definition of the term
274 "health care provider" to include an autonomous
275 physician assistants for purposes of the Florida

276 Patient's Compensation Fund; amending ss. 766.1115 and
277 766.1116, F.S.; revising the definitions of the terms
278 "health care provider" and "health care practitioner,"
279 respectively, to include autonomous physician
280 assistants for purposes of the Access to Health Care
281 Act; amending s. 766.118, F.S.; revising the
282 definition of the term "practitioner" to include an
283 advanced practice registered nurse who is engaging in
284 autonomous practice and an autonomous physician
285 assistant; amending s. 768.135, F.S.; providing
286 immunity from liability for an advanced practice
287 registered nurse who is engaging in autonomous
288 practice or an autonomous physician assistant who
289 provides volunteer services under certain
290 circumstances; amending s. 794.08, F.S.; providing an
291 exception to medical procedures conducted by an
292 autonomous physician assistant under certain
293 circumstances; amending s. 893.02, F.S.; revising the
294 definition of the term "practitioner" to include an
295 autonomous physician assistant; amending s. 943.13,
296 F.S.; authorizing an autonomous physician assistant to
297 conduct a physical examination for a law enforcement
298 officer or correctional officer to satisfy
299 qualifications for employment or appointment; amending
300 s. 945.603, F.S.; authorizing the Correctional Medical

301 Authority to review and make recommendations relating
302 to the use of autonomous physician assistants as
303 physician extenders; amending s. 948.03, F.S.;
304 authorizing an autonomous physician assistant to
305 prescribe drugs or narcotics to a probationer;
306 amending ss. 984.03 and 985.03, F.S.; revising the
307 definition of the term "licensed health care
308 professional" to include an autonomous physician
309 assistant; amending ss. 1002.20 and 1002.42, F.S.;
310 providing immunity from liability for autonomous
311 physician assistants who administer epinephrine auto-
312 injectors in public and private schools; amending s.
313 1006.062, F.S.; authorizing an autonomous physician
314 assistant to provide training in the administration of
315 medication to designated school personnel; requiring
316 monitoring of such personnel by an autonomous
317 physician assistant; authorizing an autonomous
318 physician assistant to determine whether such
319 personnel may perform certain invasive medical
320 services; amending s. 1006.20, F.S.; authorizing an
321 autonomous physician assistant to medically evaluate a
322 student athlete; amending s. 1009.65, F.S.;
323 authorizing an autonomous physician assistant to
324 participate in the Medical Education Reimbursement and
325 Loan Repayment Program; providing appropriations and

326 authorizing positions; providing a contingent
 327 effective date.

328

329 Be It Enacted by the Legislature of the State of Florida:

330

331 Section 1. Section 456.0391, Florida Statutes, is amended
 332 to read:

333 456.0391 Advanced practice registered nurses and
 334 autonomous physician assistants; information required for
 335 licensure or registration.—

336 (1) (a) Each person who applies for initial licensure under
 337 s. 464.012 or initial registration under s. 458.347(8) or s.
 338 459.022(8) must, at the time of application, and each person
 339 licensed under s. 464.012 or registered under s. 458.347(8) or
 340 s. 459.022(8) who applies for licensure or registration renewal
 341 must, in conjunction with the renewal of such licensure or
 342 registration and under procedures adopted by the Department of
 343 Health, and in addition to any other information that may be
 344 required from the applicant, furnish the following information
 345 to the Department of Health:

346 1. The name of each school or training program that the
 347 applicant has attended, with the months and years of attendance
 348 and the month and year of graduation, and a description of all
 349 graduate professional education completed by the applicant,
 350 excluding any coursework taken to satisfy continuing education

351 requirements.

352 2. The name of each location at which the applicant
353 practices.

354 3. The address at which the applicant will primarily
355 conduct his or her practice.

356 4. Any certification or designation that the applicant has
357 received from a specialty or certification board that is
358 recognized or approved by the regulatory board or department to
359 which the applicant is applying.

360 5. The year that the applicant received initial
361 certification, ~~or~~ licensure, or registration and began
362 practicing the profession in any jurisdiction and the year that
363 the applicant received initial certification, ~~or~~ licensure, or
364 registration in this state.

365 6. Any appointment which the applicant currently holds to
366 the faculty of a school related to the profession and an
367 indication as to whether the applicant has had the
368 responsibility for graduate education within the most recent 10
369 years.

370 7. A description of any criminal offense of which the
371 applicant has been found guilty, regardless of whether
372 adjudication of guilt was withheld, or to which the applicant
373 has pled guilty or nolo contendere. A criminal offense committed
374 in another jurisdiction which would have been a felony or
375 misdemeanor if committed in this state must be reported. If the

376 applicant indicates that a criminal offense is under appeal and
377 submits a copy of the notice for appeal of that criminal
378 offense, the department must state that the criminal offense is
379 under appeal if the criminal offense is reported in the
380 applicant's profile. If the applicant indicates to the
381 department that a criminal offense is under appeal, the
382 applicant must, within 15 days after the disposition of the
383 appeal, submit to the department a copy of the final written
384 order of disposition.

385 8. A description of any final disciplinary action taken
386 within the previous 10 years against the applicant by a
387 licensing or regulatory body in any jurisdiction, by a specialty
388 board that is recognized by the board or department, or by a
389 licensed hospital, health maintenance organization, prepaid
390 health clinic, ambulatory surgical center, or nursing home.
391 Disciplinary action includes resignation from or nonrenewal of
392 staff membership or the restriction of privileges at a licensed
393 hospital, health maintenance organization, prepaid health
394 clinic, ambulatory surgical center, or nursing home taken in
395 lieu of or in settlement of a pending disciplinary case related
396 to competence or character. If the applicant indicates that the
397 disciplinary action is under appeal and submits a copy of the
398 document initiating an appeal of the disciplinary action, the
399 department must state that the disciplinary action is under
400 appeal if the disciplinary action is reported in the applicant's

401 profile.

402 (b) In addition to the information required under
403 paragraph (a), each applicant for initial licensure or
404 registration or licensure or registration renewal must provide
405 the information required of licensees pursuant to s. 456.049.

406 (2) The Department of Health shall send a notice to each
407 person licensed under s. 464.012 or registered under s.
408 458.347(8) or s. 459.022(8) at the licensee's or registrant's
409 last known address of record regarding the requirements for
410 information to be submitted by such person ~~advanced practice~~
411 ~~registered nurses~~ pursuant to this section in conjunction with
412 the renewal of such license or registration.

413 (3) Each person licensed under s. 464.012 or registered
414 under s. 458.347(8) or s. 459.022(8) who has submitted
415 information pursuant to subsection (1) must update that
416 information in writing by notifying the Department of Health
417 within 45 days after the occurrence of an event or the
418 attainment of a status that is required to be reported by
419 subsection (1). Failure to comply with the requirements of this
420 subsection to update and submit information constitutes a ground
421 for disciplinary action under the applicable practice act
422 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the
423 requirements of this subsection to update and submit
424 information, the department or board, as appropriate, may:

425 (a) Refuse to issue a license or registration to any

426 person applying for initial licensure or registration who fails
427 to submit and update the required information.

428 (b) Issue a citation to any certificateholder, ~~or~~
429 licensee, or registrant who fails to submit and update the
430 required information and may fine the certificateholder, ~~or~~
431 licensee, or registrant up to \$50 for each day that the
432 certificateholder, ~~or~~ licensee, or registrant is not in
433 compliance with this subsection. The citation must clearly state
434 that the certificateholder, ~~or~~ licensee, or registrant may
435 choose, in lieu of accepting the citation, to follow the
436 procedure under s. 456.073. If the certificateholder, ~~or~~
437 licensee, or registrant disputes the matter in the citation, the
438 procedures set forth in s. 456.073 must be followed. However, if
439 the certificateholder, ~~or~~ licensee, or registrant does not
440 dispute the matter in the citation with the department within 30
441 days after the citation is served, the citation becomes a final
442 order and constitutes discipline. Service of a citation may be
443 made by personal service or certified mail, restricted delivery,
444 to the subject at the certificateholder's, ~~or~~ licensee's, or
445 registrant's last known address.

446 (4) (a) An applicant for initial licensure under s. 464.012
447 must submit a set of fingerprints to the Department of Health on
448 a form and under procedures specified by the department, along
449 with payment in an amount equal to the costs incurred by the
450 Department of Health for a national criminal history check of

451 the applicant.

452 (b) An applicant for renewed licensure who has not
453 previously submitted a set of fingerprints to the Department of
454 Health for purposes of certification must submit a set of
455 fingerprints to the department as a condition of the initial
456 renewal of his or her certificate after the effective date of
457 this section. The applicant must submit the fingerprints on a
458 form and under procedures specified by the department, along
459 with payment in an amount equal to the costs incurred by the
460 Department of Health for a national criminal history check. For
461 subsequent renewals, the applicant for renewed licensure must
462 only submit information necessary to conduct a statewide
463 criminal history check, along with payment in an amount equal to
464 the costs incurred by the Department of Health for a statewide
465 criminal history check.

466 (c)1. The Department of Health shall submit the
467 fingerprints provided by an applicant for initial licensure to
468 the Florida Department of Law Enforcement for a statewide
469 criminal history check, and the Florida Department of Law
470 Enforcement shall forward the fingerprints to the Federal Bureau
471 of Investigation for a national criminal history check of the
472 applicant.

473 2. The department shall submit the fingerprints provided
474 by an applicant for the initial renewal of licensure to the
475 Florida Department of Law Enforcement for a statewide criminal

476 history check, and the Florida Department of Law Enforcement
477 shall forward the fingerprints to the Federal Bureau of
478 Investigation for a national criminal history check for the
479 initial renewal of the applicant's certificate after the
480 effective date of this section.

481 3. For any subsequent renewal of the applicant's
482 certificate, the department shall submit the required
483 information for a statewide criminal history check of the
484 applicant to the Florida Department of Law Enforcement.

485 (d) Any applicant for initial licensure or renewal of
486 licensure as an advanced practice registered nurse who submits
487 to the Department of Health a set of fingerprints and
488 information required for the criminal history check required
489 under this section shall not be required to provide a subsequent
490 set of fingerprints or other duplicate information required for
491 a criminal history check to the Agency for Health Care
492 Administration, the Department of Juvenile Justice, or the
493 Department of Children and Families for employment or licensure
494 with such agency or department, if the applicant has undergone a
495 criminal history check as a condition of initial licensure or
496 renewal of licensure as an advanced practice registered nurse
497 with the Department of Health, notwithstanding any other
498 provision of law to the contrary. In lieu of such duplicate
499 submission, the Agency for Health Care Administration, the
500 Department of Juvenile Justice, and the Department of Children

501 and Families shall obtain criminal history information for
 502 employment or licensure of persons licensed under s. 464.012 by
 503 such agency or department from the Department of Health's health
 504 care practitioner credentialing system.

505 (5) Each person who is required to submit information
 506 pursuant to this section may submit additional information to
 507 the Department of Health. Such information may include, but is
 508 not limited to:

509 (a) Information regarding publications in peer-reviewed
 510 professional literature within the previous 10 years.

511 (b) Information regarding professional or community
 512 service activities or awards.

513 (c) Languages, other than English, used by the applicant
 514 to communicate with patients or clients and identification of
 515 any translating service that may be available at the place where
 516 the applicant primarily conducts his or her practice.

517 (d) An indication of whether the person participates in
 518 the Medicaid program.

519 Section 2. Subsection (6) of section 456.041, Florida
 520 Statutes, is amended to read:

521 456.041 Practitioner profile; creation.—

522 (6) The Department of Health shall provide in each
 523 practitioner profile for every physician, autonomous physician
 524 assistant, or advanced practice registered nurse terminated for
 525 cause from participating in the Medicaid program, pursuant to s.

526 409.913, or sanctioned by the Medicaid program a statement that
527 the practitioner has been terminated from participating in the
528 Florida Medicaid program or sanctioned by the Medicaid program.

529 Section 3. Subsections (8) through (17) of section
530 458.347, Florida Statutes, are renumbered as subsections (9)
531 through (18), respectively, subsection (2), paragraphs (b), (e),
532 and (f) of subsection (4), paragraph (a) of subsection (6),
533 paragraphs (a) and (f) of subsection (7), present subsection
534 (9), and present subsections (11) through (13) are amended,
535 paragraph (b) is added to subsection (2), and new subsections
536 (8) and (19) are added to that section, to read:

537 458.347 Physician assistants.—

538 (2) DEFINITIONS.—As used in this section:

539 (a) "Approved program" means a program, formally approved
540 by the boards, for the education of physician assistants.

541 (b) "Autonomous physician assistant" means a physician
542 assistant who meets the requirements of subsection (8) to
543 practice primary care without physician supervision.

544 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
545 of Osteopathic Medicine.

546 (d) ~~(h)~~ "Continuing medical education" means courses
547 recognized and approved by the boards, the American Academy of
548 Physician Assistants, the American Medical Association, the
549 American Osteopathic Association, or the Accreditation Council
550 on Continuing Medical Education.

551 (e)~~(e)~~ "Council" means the Council on Physician
 552 Assistants.

553 (f)~~(e)~~ "Physician assistant" means a person who is a
 554 graduate of an approved program or its equivalent or meets
 555 standards approved by the boards and is licensed to perform
 556 medical services delegated by the supervising physician.

557 (g) "Proficiency examination" means an entry-level
 558 examination approved by the boards, including, but not limited
 559 to, those examinations administered by the National Commission
 560 on Certification of Physician Assistants.

561 (h)~~(f)~~ "Supervision" means responsible supervision and
 562 control. Except in cases of emergency, supervision requires the
 563 easy availability or physical presence of the licensed physician
 564 for consultation and direction of the actions of the physician
 565 assistant. For the purposes of this definition, the term "easy
 566 availability" includes the ability to communicate by way of
 567 telecommunication. The boards shall establish rules as to what
 568 constitutes responsible supervision of the physician assistant.

569 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 570 in an approved program.

571 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

572 (b) This chapter does not prevent third-party payors from
 573 reimbursing employers of physician assistants or autonomous
 574 physician assistants for covered services rendered by licensed
 575 physician assistants or registered autonomous physician

576 assistants.

577 (e) A supervising physician may delegate to a fully
578 licensed physician assistant the authority to prescribe or
579 dispense any medication used in the supervising physician's
580 practice unless such medication is listed on the formulary
581 created pursuant to paragraph (f). A fully licensed physician
582 assistant may only prescribe or dispense such medication under
583 the following circumstances:

584 1. A physician assistant must clearly identify to the
585 patient that he or she is a physician assistant ~~and inform the~~
586 ~~patient that the patient has the right to see the physician~~
587 ~~before a prescription is prescribed or dispensed by the~~
588 ~~physician assistant.~~

589 2. The supervising physician must notify the department of
590 his or her intent to delegate, on a department-approved form,
591 before delegating such authority and of any change in
592 prescriptive privileges of the physician assistant. Authority to
593 dispense may be delegated only by a supervising physician who is
594 registered as a dispensing practitioner in compliance with s.
595 465.0276.

596 3. The physician assistant must complete a minimum of 10
597 continuing medical education hours in the specialty practice in
598 which the physician assistant has prescriptive privileges with
599 each licensure renewal. Three of the 10 hours must consist of a
600 continuing education course on the safe and effective

601 prescribing of controlled substance medications which is offered
602 by a statewide professional association of physicians in this
603 state accredited to provide educational activities designated
604 for the American Medical Association Physician's Recognition
605 Award Category 1 credit or designated by the American Academy of
606 Physician Assistants as a Category 1 credit.

607 4. The department may issue a prescriber number to the
608 physician assistant granting authority for the prescribing of
609 medicinal drugs authorized within this paragraph upon completion
610 of the requirements of this paragraph. The physician assistant
611 is not required to independently register pursuant to s.
612 465.0276.

613 5. The prescription may be in paper or electronic form but
614 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
615 and must contain, in addition to the supervising physician's
616 name, address, and telephone number, the physician assistant's
617 prescriber number. Unless it is a drug or drug sample dispensed
618 by the physician assistant, the prescription must be filled in a
619 pharmacy permitted under chapter 465 and must be dispensed in
620 that pharmacy by a pharmacist licensed under chapter 465. The
621 inclusion of the prescriber number creates a presumption that
622 the physician assistant is authorized to prescribe the medicinal
623 drug and the prescription is valid.

624 6. The physician assistant must note the prescription or
625 dispensing of medication in the appropriate medical record.

626 (f)1. The council shall establish a formulary of medicinal
627 drugs that a registered autonomous physician assistant or fully
628 licensed physician assistant having prescribing authority under
629 this section or s. 459.022 may not prescribe. The formulary must
630 include general anesthetics and radiographic contrast materials
631 and must limit the prescription of Schedule II controlled
632 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
633 supply. The formulary must also restrict the prescribing of
634 psychiatric mental health controlled substances for children
635 younger than 18 years of age.

636 2. In establishing the formulary, the council shall
637 consult with a pharmacist licensed under chapter 465, but not
638 licensed under this chapter or chapter 459, who shall be
639 selected by the State Surgeon General.

640 3. Only the council shall add to, delete from, or modify
641 the formulary. Any person who requests an addition, a deletion,
642 or a modification of a medicinal drug listed on such formulary
643 has the burden of proof to show cause why such addition,
644 deletion, or modification should be made.

645 4. The boards shall adopt the formulary required by this
646 paragraph, and each addition, deletion, or modification to the
647 formulary, by rule. Notwithstanding any provision of chapter 120
648 to the contrary, the formulary rule shall be effective 60 days
649 after the date it is filed with the Secretary of State. Upon
650 adoption of the formulary, the department shall mail a copy of

651 such formulary to each registered autonomous physician assistant
652 or fully licensed physician assistant having prescribing
653 authority under this section or s. 459.022, and to each pharmacy
654 licensed by the state. The boards shall establish, by rule, a
655 fee not to exceed \$200 to fund the provisions of this paragraph
656 and paragraph (e).

657 (6) PROGRAM APPROVAL.—

658 (a) The boards shall approve programs, ~~based on~~
659 ~~recommendations by the council,~~ for the education and training
660 of physician assistants which meet standards established by rule
661 of the boards. ~~The council may recommend only those physician~~
662 ~~assistant programs that hold full accreditation or provisional~~
663 ~~accreditation from the Commission on Accreditation of Allied~~
664 ~~Health Programs or its successor organization. Any educational~~
665 ~~institution offering a physician assistant program approved by~~
666 ~~the boards pursuant to this paragraph may also offer the~~
667 ~~physician assistant program authorized in paragraph (c) for~~
668 ~~unlicensed physicians.~~

669 (7) PHYSICIAN ASSISTANT LICENSURE.—

670 (a) Any person desiring to be licensed as a physician
671 assistant must apply to the department. The department shall
672 issue a license to any person certified by the council as having
673 met the following requirements:

- 674 1. Is at least 18 years of age.
675 2. Has satisfactorily passed a proficiency examination by

676 an acceptable score established by the National Commission on
677 Certification of Physician Assistants. If an applicant does not
678 hold a current certificate issued by the National Commission on
679 Certification of Physician Assistants and has not actively
680 practiced as a physician assistant within the immediately
681 preceding 4 years, the applicant must retake and successfully
682 complete the entry-level examination of the National Commission
683 on Certification of Physician Assistants to be eligible for
684 licensure.

685 3. Has completed the application form and remitted an
686 application fee not to exceed \$300 as set by the boards. An
687 application for licensure made by a physician assistant must
688 include:

689 a. Has graduated from a board-approved ~~A certificate of~~
690 ~~completion of a~~ physician assistant training program as
691 specified in subsection (6).

692 b. Acknowledgment of any prior felony convictions.

693 c. Acknowledgment of any previous revocation or denial of
694 licensure or certification in any state.

695 d. A copy of course transcripts and a copy of the course
696 description from a physician assistant training program
697 describing course content in pharmacotherapy, if the applicant
698 wishes to apply for prescribing authority. These documents must
699 meet the evidence requirements for prescribing authority.

700 (f) The Board of Medicine may impose any of the penalties

701 authorized under ss. 456.072 and 458.331(2) upon an autonomous
702 physician assistant or a physician assistant if the autonomous
703 physician assistant, physician assistant, or the supervising
704 physician has been found guilty of or is being investigated for
705 any act that constitutes a violation of this chapter or chapter
706 456.

707 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

708 (a) The board shall register a physician assistant as an
709 autonomous physician assistant if the applicant demonstrates
710 that he or she:

711 1. Holds an active, unencumbered license to practice as a
712 physician assistant in this state.

713 2. Has not been subject to any disciplinary action
714 pursuant to s. 456.072, s. 458.331, or s. 459.015, or any
715 similar disciplinary action in any jurisdiction of the United
716 States, within the 5 years immediately preceding the
717 registration request.

718 3. Has completed, in any jurisdiction of the United
719 States, at least 2,000 clinical practice hours within the 3
720 years immediately preceding the submission of the registration
721 request while practicing as a physician assistant under the
722 supervision of an allopathic or osteopathic physician who held
723 an active, unencumbered license issued by any state, the
724 District of Columbia, or a possession or territory of the United
725 States during the period of such supervision.

726 4. Has completed a graduate-level course in pharmacology.

727 5. Obtains and maintains professional liability coverage
728 at the same level and in the same manner as in s. 458.320(1)(b)
729 or s. 458.320(1)(c). However, the requirements of this
730 subparagraph do not apply to:

731 a. Any person registered under this subsection who
732 practices exclusively as an officer, employee, or agent of the
733 Federal Government or of the state or its agencies or its
734 subdivisions.

735 b. Any person whose license has become inactive and who is
736 not practicing as an autonomous physician assistant in this
737 state.

738 c. Any person who practices as an autonomous physician
739 assistant only in conjunction with his or her teaching duties at
740 an accredited school or its main teaching hospitals. Such
741 practice is limited to that which is incidental to and a
742 necessary part of duties in connection with the teaching
743 position.

744 d. Any person who holds an active license under this
745 subsection who is not practicing as an autonomous physician
746 assistant in this state. If such person initiates or resumes any
747 practice as an autonomous physician assistant, he or she must
748 notify the department of such activity and fulfill the
749 professional liability coverage requirements of this
750 subparagraph.

751 (b) The department shall conspicuously distinguish an
752 autonomous physician assistant license if he or she is
753 registered under this subsection.

754 (c) An autonomous physician assistant may:

755 1. Render only primary care services as defined by the
756 board in rule without physician supervision.

757 2. Render services to patients consistent with his or her
758 education and experience without physician supervision.

759 3. Prescribe, dispense, administer, or order any medicinal
760 drug, including those medicinal drugs to the extent authorized
761 under paragraph (4) (f) and the formulary adopted in that
762 paragraph.

763 4. Order any medication for administration to a patient in
764 a facility licensed under chapter 395 or part II of chapter 400,
765 notwithstanding any provisions in chapter 465 or chapter 893.

766 5. Provide a signature, certification, stamp,
767 verification, affidavit, or other endorsement that is otherwise
768 required by law to be provided by a physician.

769 6. Provide any service that is within the scope of the
770 autonomous physician assistant's education and experience and
771 provided in accordance with rules adopted by the board.

772 (d) An autonomous physician assistant must biennially
773 renew his or her registration under this subsection. The
774 biennial renewal shall coincide with the autonomous physician
775 assistant's biennial renewal period for physician assistant

776 licensure.

777 (e) The council shall develop rules defining the primary
778 care practice of autonomous physician assistants, which may
779 include internal medicine, general pediatrics, family medicine,
780 geriatrics, and general obstetrics and gynecology practices.

781 (10) (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
782 Physician Assistants is created within the department.

783 (a) The council shall consist of five members appointed as
784 follows:

785 1. The chairperson of the Board of Medicine shall appoint
786 one member who is a physician and a member ~~three members who are~~
787 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
788 physician ~~physicians~~ must supervise a physician assistant in his
789 or her ~~the physician's~~ practice.

790 2. The chairperson of the Board of Osteopathic Medicine
791 shall appoint one member who is a physician and a member of the
792 Board of Osteopathic Medicine. The physician must supervise a
793 physician assistant in his or her practice.

794 3. The State Surgeon General or his or her designee shall
795 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~
796 licensed under this chapter or chapter 459.

797 (b) ~~Two of the members appointed to the council must be~~
798 ~~physicians who supervise physician assistants in their practice.~~
799 Members shall be appointed to terms of 4 years, except that of
800 the initial appointments, two members shall be appointed to

801 terms of 2 years, two members shall be appointed to terms of 3
802 years, and one member shall be appointed to a term of 4 years,
803 as established by rule of the boards. Council members may not
804 serve more than two consecutive terms. The council shall
805 annually elect a chairperson from among its members.

806 (c) The council shall:

807 1. Recommend to the department the licensure of physician
808 assistants.

809 2. Develop all rules regulating the primary care practice
810 of autonomous physician assistants and the use of physician
811 assistants by physicians under this chapter and chapter 459,
812 except for rules relating to the formulary developed under
813 paragraph (4) (f). The council shall also develop rules to ensure
814 that the continuity of supervision is maintained in each
815 practice setting. The boards shall consider adopting a proposed
816 rule developed by the council at the regularly scheduled meeting
817 immediately following the submission of the proposed rule by the
818 council. A proposed rule submitted by the council may not be
819 adopted by either board unless both boards have accepted and
820 approved the identical language contained in the proposed rule.
821 The language of all proposed rules submitted by the council must
822 be approved by both boards pursuant to each respective board's
823 guidelines and standards regarding the adoption of proposed
824 rules. If either board rejects the council's proposed rule, that
825 board must specify its objection to the council with

826 | particularity and include any recommendations it may have for
 827 | the modification of the proposed rule.

828 | 3. Make recommendations to the boards regarding all
 829 | matters relating to autonomous physician assistants and
 830 | physician assistants.

831 | 4. Address concerns and problems of practicing autonomous
 832 | physician assistants and physician assistants in order to
 833 | improve safety in the clinical practices of registered
 834 | autonomous physician assistants and licensed physician
 835 | assistants.

836 | (d) When the council finds that an applicant for licensure
 837 | has failed to meet, to the council's satisfaction, each of the
 838 | requirements for licensure set forth in this section, the
 839 | council may enter an order to:

- 840 | 1. Refuse to certify the applicant for licensure;
- 841 | 2. Approve the applicant for licensure with restrictions
 842 | on the scope of practice or license; or

843 | 3. Approve the applicant for conditional licensure. Such
 844 | conditions may include placement of the licensee on probation
 845 | for a period of time and subject to such conditions as the
 846 | council may specify, including but not limited to, requiring the
 847 | licensee to undergo treatment, to attend continuing education
 848 | courses, to work under the direct supervision of a physician
 849 | licensed in this state, or to take corrective action.

850 | ~~(12)-(11)~~ PENALTY.—Any person who has not been licensed by

851 the council and approved by the department and who holds himself
852 or herself out as an autonomous physician assistant or a
853 physician assistant or who uses any other term in indicating or
854 implying that he or she is an autonomous physician assistant or
855 a physician assistant commits a felony of the third degree,
856 punishable as provided in s. 775.082 or s. 775.084 or by a fine
857 not exceeding \$5,000.

858 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
859 The boards may deny, suspend, or revoke the registration of an
860 autonomous physician assistant or the license of a physician
861 assistant ~~license~~ if a board determines that the autonomous
862 physician assistant or physician assistant has violated this
863 chapter.

864 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
865 this section, including rules detailing the contents of the
866 application for licensure and notification pursuant to
867 subsection (7), rules relating to the registration of autonomous
868 physician assistants pursuant to subsection (8), and rules to
869 ensure ~~both~~ the continued competency of autonomous physician
870 assistants and physician assistants and the proper utilization
871 of them by physicians or groups of physicians.

872 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
873 must report adverse incidents to the department in the manner
874 required under s. 458.351.

875 Section 4. Subsections (8) through (17) of section

876 459.022, Florida Statutes, are renumbered as subsections (9)
 877 through (18), respectively, subsection (2), paragraphs (b) and
 878 (e) of subsection (4), paragraph (a) of subsection (6),
 879 paragraphs (a) and (f) of subsection (7), present subsection
 880 (9), and present subsections (11) through (13) are amended,
 881 paragraph (b) is added to subsection (2), and new subsections
 882 (8) and (19) are added to that section, to read:

883 459.022 Physician assistants.—

884 (2) DEFINITIONS.—As used in this section:

885 (a) "Approved program" means a program, formally approved
 886 by the boards, for the education of physician assistants.

887 (b) "Autonomous physician assistant" means a physician
 888 assistant who meets the requirements of subsection (8) to
 889 practice primary care without physician supervision.

890 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board
 891 of Osteopathic Medicine.

892 (d)~~(h)~~ "Continuing medical education" means courses
 893 recognized and approved by the boards, the American Academy of
 894 Physician Assistants, the American Medical Association, the
 895 American Osteopathic Association, or the Accreditation Council
 896 on Continuing Medical Education.

897 (e)~~(e)~~ "Council" means the Council on Physician
 898 Assistants.

899 (f)~~(e)~~ "Physician assistant" means a person who is a
 900 graduate of an approved program or its equivalent or meets

901 standards approved by the boards and is licensed to perform
902 medical services delegated by the supervising physician.

903 (g) "Proficiency examination" means an entry-level
904 examination approved by the boards, including, but not limited
905 to, those examinations administered by the National Commission
906 on Certification of Physician Assistants.

907 (h)~~(f)~~ "Supervision" means responsible supervision and
908 control. Except in cases of emergency, supervision requires the
909 easy availability or physical presence of the licensed physician
910 for consultation and direction of the actions of the physician
911 assistant. For the purposes of this definition, the term "easy
912 availability" includes the ability to communicate by way of
913 telecommunication. The boards shall establish rules as to what
914 constitutes responsible supervision of the physician assistant.

915 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
916 in an approved program.

917 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

918 (b) This chapter does not prevent third-party payors from
919 reimbursing employers of autonomous physician assistants or
920 physician assistants for covered services rendered by registered
921 autonomous physician assistants or licensed physician
922 assistants.

923 (e) A supervising physician may delegate to a fully
924 licensed physician assistant the authority to prescribe or
925 dispense any medication used in the supervising physician's

926 practice unless such medication is listed on the formulary
927 created pursuant to s. 458.347. A fully licensed physician
928 assistant may only prescribe or dispense such medication under
929 the following circumstances:

930 1. A physician assistant must clearly identify to the
931 patient that she or he is a physician assistant ~~and must inform~~
932 ~~the patient that the patient has the right to see the physician~~
933 ~~before a prescription is prescribed or dispensed by the~~
934 ~~physician assistant.~~

935 2. The supervising physician must notify the department of
936 her or his intent to delegate, on a department-approved form,
937 before delegating such authority and of any change in
938 prescriptive privileges of the physician assistant. Authority to
939 dispense may be delegated only by a supervising physician who is
940 registered as a dispensing practitioner in compliance with s.
941 465.0276.

942 3. The physician assistant must complete a minimum of 10
943 continuing medical education hours in the specialty practice in
944 which the physician assistant has prescriptive privileges with
945 each licensure renewal.

946 4. The department may issue a prescriber number to the
947 physician assistant granting authority for the prescribing of
948 medicinal drugs authorized within this paragraph upon completion
949 of the requirements of this paragraph. The physician assistant
950 is not required to independently register pursuant to s.

951 465.0276.

952 5. The prescription may be in paper or electronic form but
953 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
954 and must contain, in addition to the supervising physician's
955 name, address, and telephone number, the physician assistant's
956 prescriber number. Unless it is a drug or drug sample dispensed
957 by the physician assistant, the prescription must be filled in a
958 pharmacy permitted under chapter 465, and must be dispensed in
959 that pharmacy by a pharmacist licensed under chapter 465. The
960 inclusion of the prescriber number creates a presumption that
961 the physician assistant is authorized to prescribe the medicinal
962 drug and the prescription is valid.

963 6. The physician assistant must note the prescription or
964 dispensing of medication in the appropriate medical record.

965 (6) PROGRAM APPROVAL.—

966 (a) The boards shall approve programs, ~~based on~~
967 ~~recommendations by the council,~~ for the education and training
968 of physician assistants which meet standards established by rule
969 of the boards. ~~The council may recommend only those physician~~
970 ~~assistant programs that hold full accreditation or provisional~~
971 ~~accreditation from the Commission on Accreditation of Allied~~
972 ~~Health Programs or its successor organization.~~

973 (7) PHYSICIAN ASSISTANT LICENSURE.—

974 (a) Any person desiring to be licensed as a physician
975 assistant must apply to the department. The department shall

976 | issue a license to any person certified by the council as having
 977 | met the following requirements:

978 | 1. Is at least 18 years of age.

979 | 2. Has satisfactorily passed a proficiency examination by
 980 | an acceptable score established by the National Commission on
 981 | Certification of Physician Assistants. If an applicant does not
 982 | hold a current certificate issued by the National Commission on
 983 | Certification of Physician Assistants and has not actively
 984 | practiced as a physician assistant within the immediately
 985 | preceding 4 years, the applicant must retake and successfully
 986 | complete the entry-level examination of the National Commission
 987 | on Certification of Physician Assistants to be eligible for
 988 | licensure.

989 | 3. Has completed the application form and remitted an
 990 | application fee not to exceed \$300 as set by the boards. An
 991 | application for licensure made by a physician assistant must
 992 | include:

993 | a. Has graduated from a board-approved ~~A certificate of~~
 994 | ~~completion of a~~ physician assistant training program as
 995 | specified in subsection (6).

996 | b. Acknowledgment of any prior felony convictions.

997 | c. Acknowledgment of any previous revocation or denial of
 998 | licensure or certification in any state.

999 | d. A copy of course transcripts and a copy of the course
 1000 | description from a physician assistant training program

1001 describing course content in pharmacotherapy, if the applicant
 1002 wishes to apply for prescribing authority. These documents must
 1003 meet the evidence requirements for prescribing authority.

1004 (f) The Board of Osteopathic Medicine may impose any of
 1005 the penalties authorized under ss. 456.072 and 459.015(2) upon
 1006 an autonomous physician assistant or a physician assistant if
 1007 the autonomous physician assistant, the physician assistant, or
 1008 a the supervising physician has been found guilty of or is being
 1009 investigated for any act that constitutes a violation of this
 1010 chapter or chapter 456.

1011 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

1012 (a) The board shall register a physician assistant as an
 1013 autonomous physician assistant if the applicant demonstrates
 1014 that he or she:

1015 1. Holds an active, unencumbered license to practice as a
 1016 physician assistant in this state.

1017 2. Has not been subject to any disciplinary action
 1018 pursuant to s. 456.072, 458.331, or 459.015, or any similar
 1019 disciplinary action in any jurisdiction of the United States,
 1020 within the 5 years immediately preceding the registration
 1021 request.

1022 3. Has completed, in any jurisdiction of the United
 1023 States, at least 2,000 clinical practice hours within the 3
 1024 years immediately preceding the submission of the registration
 1025 request while practicing as a physician assistant under the

1026 supervision of an allopathic or osteopathic physician who held
1027 an active, unencumbered license issued by any state, the
1028 District of Columbia, or a possession or territory of the United
1029 States during the period of such supervision.

1030 4. Has completed a graduate-level course in pharmacology.

1031 5. Obtains and maintains professional liability coverage
1032 at the same level and in the same manner as s. 458.320(1)(b) or
1033 s. 458.320(1)(c). However, the requirements of this subparagraph
1034 do not apply to:

1035 a. Any person registered under this subsection who
1036 practices exclusively as an officer, employee, or agent of the
1037 Federal Government or of the state or its agencies or its
1038 subdivisions.

1039 b. Any person whose license has become inactive and who is
1040 not practicing as an autonomous physician assistant in this
1041 state.

1042 c. Any person who practices as an autonomous physician
1043 assistant only in conjunction with his or her teaching duties at
1044 an accredited school or its main teaching hospitals. Such
1045 practice is limited to that which is incidental to and a
1046 necessary part of duties in connection with the teaching
1047 position.

1048 d. Any person who holds an active license under this
1049 subsection who is not practicing as an autonomous physician
1050 assistant in this state. If such person initiates or resumes any

1051 practice as an autonomous physician assistant, he or she must
1052 notify the department of such activity and fulfill the
1053 professional liability coverage requirements of this
1054 subparagraph.

1055 (b) The department shall conspicuously distinguish an
1056 autonomous physician assistant license if he or she is
1057 registered under this subsection.

1058 (c) An autonomous physician assistant may:

1059 1. Render only primary care services as defined by the
1060 board in rule without physician supervision.

1061 2. Render services to patients consistent with his or her
1062 education and experience without physician supervision.

1063 3. Prescribe, dispense, administer, or order any medicinal
1064 drug, including those medicinal drugs to the extent authorized
1065 under paragraph (4) (f) and the formulary adopted thereunder.

1066 4. Order any medication for administration to a patient in
1067 a facility licensed under chapter 395 or part II of chapter 400,
1068 notwithstanding any provisions in chapter 465 or chapter 893.

1069 5. Provide a signature, certification, stamp,
1070 verification, affidavit, or other endorsement that is otherwise
1071 required by law to be provided by a physician.

1072 6. Provide any service that is within the scope of the
1073 autonomous physician assistant's education and experience and
1074 provided in accordance with rules adopted by the board.

1075 (d) An autonomous physician assistant must biennially

1076 renew his or her registration under this subsection. The
 1077 biennial renewal shall coincide with the autonomous physician
 1078 assistant's biennial renewal period for physician assistant
 1079 licensure.

1080 (e) The council shall develop rules defining the primary
 1081 care practice of autonomous physician assistants, which may
 1082 include internal medicine, general pediatrics, family medicine,
 1083 geriatrics, and general obstetrics and gynecology practices.

1084 (10)(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
 1085 Physician Assistants is created within the department.

1086 (a) The council shall consist of five members appointed as
 1087 follows:

1088 1. The chairperson of the Board of Medicine shall appoint
 1089 one member who is a physician and a member ~~three members who are~~
 1090 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
 1091 physician ~~physicians~~ must supervise a physician assistant in his
 1092 or her ~~the physician's~~ practice.

1093 2. The chairperson of the Board of Osteopathic Medicine
 1094 shall appoint one member who is a physician and a member of the
 1095 Board of Osteopathic Medicine. The physician must supervise a
 1096 physician assistant in his or her practice.

1097 3. The State Surgeon General or her or his designee shall
 1098 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~
 1099 licensed under chapter 458 or this chapter.

1100 (b) ~~Two of the members appointed to the council must be~~

1101 ~~physicians who supervise physician assistants in their practice.~~
1102 Members shall be appointed to terms of 4 years, except that of
1103 the initial appointments, two members shall be appointed to
1104 terms of 2 years, two members shall be appointed to terms of 3
1105 years, and one member shall be appointed to a term of 4 years,
1106 as established by rule of the boards. Council members may not
1107 serve more than two consecutive terms. The council shall
1108 annually elect a chairperson from among its members.

1109 (c) The council shall:

1110 1. Recommend to the department the licensure of physician
1111 assistants.

1112 2. Develop all rules regulating the primary care practice
1113 of autonomous physician assistants and the use of physician
1114 assistants by physicians under chapter 458 and this chapter,
1115 except for rules relating to the formulary developed under s.
1116 458.347. The council shall also develop rules to ensure that the
1117 continuity of supervision is maintained in each practice
1118 setting. The boards shall consider adopting a proposed rule
1119 developed by the council at the regularly scheduled meeting
1120 immediately following the submission of the proposed rule by the
1121 council. A proposed rule submitted by the council may not be
1122 adopted by either board unless both boards have accepted and
1123 approved the identical language contained in the proposed rule.
1124 The language of all proposed rules submitted by the council must
1125 be approved by both boards pursuant to each respective board's

1126 guidelines and standards regarding the adoption of proposed
1127 rules. If either board rejects the council's proposed rule, that
1128 board must specify its objection to the council with
1129 particularity and include any recommendations it may have for
1130 the modification of the proposed rule.

1131 3. Make recommendations to the boards regarding all
1132 matters relating to autonomous physician assistants and
1133 physician assistants.

1134 4. Address concerns and problems of practicing autonomous
1135 physician assistants and physician assistants in order to
1136 improve safety in the clinical practices of registered
1137 autonomous physician assistants and licensed physician
1138 assistants.

1139 (d) When the council finds that an applicant for licensure
1140 has failed to meet, to the council's satisfaction, each of the
1141 requirements for licensure set forth in this section, the
1142 council may enter an order to:

1143 1. Refuse to certify the applicant for licensure;
1144 2. Approve the applicant for licensure with restrictions
1145 on the scope of practice or license; or

1146 3. Approve the applicant for conditional licensure. Such
1147 conditions may include placement of the licensee on probation
1148 for a period of time and subject to such conditions as the
1149 council may specify, including but not limited to, requiring the
1150 licensee to undergo treatment, to attend continuing education

1151 courses, to work under the direct supervision of a physician
1152 licensed in this state, or to take corrective action.

1153 (12)~~(11)~~ PENALTY.—Any person who has not been licensed by
1154 the council and approved by the department and who holds herself
1155 or himself out as an autonomous physician assistant or a
1156 physician assistant or who uses any other term in indicating or
1157 implying that she or he is an autonomous physician assistant or
1158 a physician assistant commits a felony of the third degree,
1159 punishable as provided in s. 775.082 or s. 775.084 or by a fine
1160 not exceeding \$5,000.

1161 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1162 The boards may deny, suspend, or revoke the registration of an
1163 autonomous physician assistant or the license of a physician
1164 assistant license if a board determines that the autonomous
1165 physician assistant or physician assistant has violated this
1166 chapter.

1167 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
1168 this section, including rules detailing the contents of the
1169 application for licensure and notification pursuant to
1170 subsection (7), rules relating to the registration of autonomous
1171 physician assistants pursuant to subsection (8), and rules to
1172 ensure ~~both~~ the continued competency of autonomous physician
1173 assistants and physician assistants and the proper utilization
1174 of them by physicians or groups of physicians.

1175 (19) ADVERSE INCIDENTS.—An autonomous physician assistant

1176 | must report adverse incidents to the department in the same
 1177 | manner as required under s. 459.026.

1178 | Section 5. Subsections (1) and (3) of section 464.012,
 1179 | Florida Statutes, are amended to read:

1180 | 464.012 Licensure of advanced practice registered nurses;
 1181 | fees; controlled substance prescribing.—

1182 | (1) Any nurse desiring to be licensed as an advanced
 1183 | practice registered nurse must apply to the board ~~department~~ and
 1184 | submit proof that he or she holds a current license to practice
 1185 | professional nursing or holds an active multistate license to
 1186 | practice professional nursing pursuant to s. 464.0095 and ~~that~~
 1187 | ~~he or she~~ meets one or more of the following requirements ~~as~~
 1188 | ~~determined by the board:~~

1189 | (a) Certification by an appropriate specialty board. Such
 1190 | certification is required for initial state licensure and any
 1191 | licensure renewal as a certified nurse midwife, certified nurse
 1192 | practitioner, certified registered nurse anesthetist, clinical
 1193 | nurse specialist, or psychiatric nurse. The board may by rule
 1194 | provide for provisional state licensure of certified registered
 1195 | nurse anesthetists, clinical nurse specialists, certified nurse
 1196 | practitioners, psychiatric nurses, and certified nurse midwives
 1197 | for a period of time determined to be appropriate for preparing
 1198 | for and passing the national certification examination.

1199 | (b) Graduation from a ~~program leading to a~~ master's degree
 1200 | program in a nursing clinical specialty area with preparation in

1201 specialized practitioner skills. For applicants graduating on or
 1202 after October 1, 1998, graduation from a master's degree program
 1203 is required for initial licensure as a certified nurse
 1204 practitioner under paragraph (4) (a).

1205 1. For applicants graduating on or after October 1, 2001,
 1206 graduation from a master's degree program is required for
 1207 initial licensure as a certified registered nurse anesthetist
 1208 who may perform the acts listed in paragraph (4) (b).

1209 2. For applicants graduating on or after October 1, 1998,
 1210 graduation from a master's degree program is required for
 1211 initial licensure as a certified nurse midwife who may perform
 1212 the acts listed in paragraph (4) (c).

1213 3. For applicants graduating on or after July 1, 2007,
 1214 graduation from a master's degree program is required for
 1215 initial licensure as a clinical nurse specialist who may perform
 1216 the acts listed in paragraph (4) (d).

1217 (3) An advanced practice registered nurse shall perform
 1218 those functions authorized in this section within the framework
 1219 of an established protocol that must be maintained on site at
 1220 the location or locations at which an advanced practice
 1221 registered nurse practices, unless the advanced practice
 1222 registered nurse is registered to engage in autonomous practice
 1223 pursuant to s. 464.0123. In the case of multiple supervising
 1224 physicians in the same group, an advanced practice registered
 1225 nurse must enter into a supervisory protocol with at least one

1226 physician within the physician group practice. A practitioner
1227 currently licensed under chapter 458, chapter 459, or chapter
1228 466 shall maintain supervision for directing the specific course
1229 of medical treatment. Within the established framework, an
1230 advanced practice registered nurse may:

1231 (a) Prescribe, dispense, administer, or order any drug;
1232 however, an advanced practice registered nurse may prescribe or
1233 dispense a controlled substance as defined in s. 893.03 only if
1234 the advanced practice registered nurse has graduated from a
1235 program leading to a master's or doctoral degree in a clinical
1236 nursing specialty area with training in specialized practitioner
1237 skills.

1238 (b) Initiate appropriate therapies for certain conditions.

1239 (c) Perform additional functions as may be determined by
1240 rule in accordance with s. 464.003(2).

1241 (d) Order diagnostic tests and physical and occupational
1242 therapy.

1243 (e) Order any medication for administration to a patient
1244 in a facility licensed under chapter 395 or part II of chapter
1245 400, notwithstanding any provisions in chapter 465 or chapter
1246 893.

1247 (f) Sign, certify, stamp, verify, or endorse a document
1248 that requires the signature, certification, stamp, verification,
1249 affidavit, or endorsement of a physician. However, a supervisory
1250 physician may not delegate the authority to issue a documented

1251 approval to release a patient from a receiving facility or its
1252 contractor under s. 394.463(2)(f) to an advanced practice
1253 registered nurse.

1254 Section 6. Section 464.0123, Florida Statutes, is created
1255 to read:

1256 464.0123 Autonomous practice by an advanced practice
1257 registered nurse.—

1258 (1) For purposes of this section, the term "autonomous
1259 practice" means advanced or specialized nursing practice by an
1260 advanced practice registered nurse who is not subject to
1261 supervision by a physician or a supervisory protocol.

1262 (2) An advanced practice registered nurse may register
1263 with the board to have the authority to engage in autonomous
1264 practice upon demonstration to the board that he or she:

1265 (a) Holds an active, unencumbered license to practice
1266 advanced or specialized nursing in this state.

1267 (b) Has not been subject to any disciplinary action
1268 pursuant to s. 456.072 or s. 464.018, or any similar
1269 disciplinary action in any other jurisdiction of the United
1270 States, within the 5 years immediately preceding the
1271 registration request.

1272 (c) Has completed, in any jurisdiction of the United
1273 States, at least 2,000 clinical practice hours or clinical
1274 instructional hours within the 5 years immediately preceding the
1275 registration request while practicing as an advanced practice

1276 registered nurse under the supervision of an allopathic or
1277 osteopathic physician who held an active, unencumbered license
1278 issued by another state, the District of Columbia, or a
1279 possession or territory of the United States during the period
1280 of such supervision.

1281 (d) Has completed a graduate-level course in pharmacology.

1282 (3) The board may provide by rule additional requirements
1283 for an advanced practice registered nurse who is registered
1284 under this section when performing acts within his or her
1285 specialty pursuant to s. 464.012(4).

1286 (4) (a) An advanced practice registered nurse registered
1287 under this section must by one of the following methods
1288 demonstrate to the satisfaction of the board and the department
1289 financial responsibility to pay claims and costs ancillary
1290 thereto arising out of the rendering of, or the failure to
1291 render, medical or nursing care or services:

1292 1. Obtaining and maintaining professional liability
1293 coverage in an amount not less than \$100,000 per claim, with a
1294 minimum annual aggregate of not less than \$300,000, from an
1295 authorized insurer as defined under s. 624.09, from a surplus
1296 lines insurer as defined under s. 626.914(2), from a risk
1297 retention group as defined under s. 627.942, from the Joint
1298 Underwriting Association established under s. 627.351(4), or
1299 through a plan of self-insurance as provided in s. 627.357; or

1300 2. Obtaining and maintaining an unexpired, irrevocable

1301 letter of credit, established pursuant to chapter 675, in an
1302 amount of not less than \$100,000 per claim, with a minimum
1303 aggregate availability of credit of not less than \$300,000. The
1304 letter of credit must be payable to the advanced practice
1305 registered nurse as beneficiary upon presentment of a final
1306 judgment indicating liability and awarding damages to be paid by
1307 the advanced practice registered nurse or upon presentment of a
1308 settlement agreement signed by all parties to such agreement
1309 when such final judgment or settlement is a result of a claim
1310 arising out of the rendering of, or the failure to render,
1311 medical or nursing care and services.

1312 (b) The requirements of paragraph (a) do not apply to:

1313 1. Any person registered under this subsection who
1314 practices exclusively as an officer, employee, or agent of the
1315 Federal Government or of the state or its agencies or its
1316 subdivisions.

1317 2. Any person whose license has become inactive and who is
1318 not practicing as an advanced practice registered nurse
1319 registered under this section in this state.

1320 3. Any person who practices as an advanced practice
1321 registered nurse registered under this section only in
1322 conjunction with his or her teaching duties at an accredited
1323 school or its main teaching hospitals. Such practice is limited
1324 to that which is incidental to and a necessary part of duties in
1325 connection with the teaching position.

1326 4. Any person who holds an active license under this
 1327 section who is not practicing as an autonomous advanced practice
 1328 registered nurse registered under this section in this state. If
 1329 such person initiates or resumes any practice as an autonomous
 1330 advanced practice registered nurse, he or she must notify the
 1331 department of such activity and fulfill the professional
 1332 liability coverage requirements of paragraph (a).

1333 (5) The board shall register an advanced practice
 1334 registered nurse who meets the qualifications in this section.

1335 (6) The department shall conspicuously distinguish an
 1336 advanced practice registered nurse's license if he or she is
 1337 registered with the board under this section and include the
 1338 registration in the advanced practice registered nurse's
 1339 practitioner profile created under s. 456.041.

1340 (7) An advanced practice registered nurse who is
 1341 registered under this section may perform the general functions
 1342 of an advanced practice registered nurse pursuant to s.
 1343 464.012(3), the acts within his or her specialty pursuant to s.
 1344 464.012(4), and the following:

1345 (a) For a patient who requires the services of a health
 1346 care facility, as defined in s. 408.032(8):

1347 1. Admit the patient to the facility.

1348 2. Manage the care received by the patient in the
 1349 facility.

1350 3. Discharge the patient from the facility, unless

1351 prohibited by federal law or rule.

1352 (b) Provide a signature, certification, stamp,
1353 verification, affidavit, or endorsement that is otherwise
1354 required by law to be provided by a physician.

1355 (8) (a) An advanced practice registered nurse must
1356 biennially renew his or her registration under this section. The
1357 biennial renewal for registration shall coincide with the
1358 advanced practice registered nurse's biennial renewal period for
1359 advanced practice registered nurse licensure.

1360 (b) To renew his or her registration under this section,
1361 an advanced practice registered nurse must complete at least 10
1362 hours of continuing education approved by the board in addition
1363 to completing the continuing education requirements established
1364 by board rule pursuant to s. 464.013. If the initial renewal
1365 period occurs before January 1, 2020, an advanced practice
1366 registered nurse who is registered under this section is not
1367 required to complete the continuing education requirement under
1368 this paragraph until the following biennial renewal period.

1369 (9) The board may establish an advisory committee to make
1370 evidence-based recommendations about medical acts that an
1371 advanced practice registered nurse who is registered under this
1372 section may perform. The committee must consist of four advanced
1373 practice registered nurses licensed under this chapter,
1374 appointed by the board; two physicians licensed under chapter
1375 458 or chapter 459 who have professional experience with

1376 advanced practice registered nurses, appointed by the Board of
1377 Medicine; and the State Surgeon General or his or her designee.
1378 Each committee member appointed by a board shall serve a term of
1379 4 years, unless a shorter term is required to establish or
1380 maintain staggered terms. The Board of Nursing shall act upon
1381 the recommendations from the committee within 90 days after the
1382 submission of such recommendations.

1383 (10) The board shall adopt rules as necessary to implement
1384 this section.

1385 Section 7. Section 464.0155, Florida Statutes, is created
1386 to read:

1387 464.0155 Reports of adverse incidents by advanced practice
1388 registered nurses.—

1389 (1) An advanced practice registered nurse who is
1390 registered to engage in autonomous practice pursuant to s.
1391 464.0123 must report an adverse incident to the department in
1392 accordance with this section.

1393 (2) The report must be in writing, sent to the department
1394 by certified mail, and postmarked within 15 days after the
1395 occurrence of the adverse incident if the adverse incident
1396 occurs when the patient is at the office of the advanced
1397 practice registered nurse. If the adverse incident occurs when
1398 the patient is not at the office of the advanced practice
1399 registered nurse, the report must be postmarked within 15 days
1400 after the advanced practice registered nurse discovers, or

1401 reasonably should have discovered, the occurrence of the adverse
 1402 incident.

1403 (3) For purposes of this section, the term "adverse
 1404 incident" means any of the following events when it is
 1405 reasonable to believe that the event is attributable to the
 1406 prescription of a controlled substance regulated under chapter
 1407 893 or 21 U.S.C. s. 812 by the advanced practice registered
 1408 nurse:

1409 (a) A condition that requires the transfer of a patient to
 1410 a hospital licensed under chapter 395.

1411 (b) Permanent physical injury to the patient.

1412 (c) Death of the patient.

1413 (4) The department shall review each report of an adverse
 1414 incident and determine whether the adverse incident was
 1415 attributable to conduct by the advanced practice registered
 1416 nurse. Upon such a determination, the board may take
 1417 disciplinary action pursuant to s. 456.073.

1418 Section 8. Paragraph (r) is added to subsection (1) of
 1419 section 464.018, Florida Statutes, to read:

1420 464.018 Disciplinary actions.—

1421 (1) The following acts constitute grounds for denial of a
 1422 license or disciplinary action, as specified in ss. 456.072(2)
 1423 and 464.0095:

1424 (r) For an advanced practice registered nurse who is
 1425 registered to engage in autonomous practice pursuant to s.

1426 464.0123:

1427 1. Paying or receiving any commission, bonus, kickback, or
1428 rebate from, or engaging in any split-fee arrangement in any
1429 form whatsoever with, a health care practitioner, organization,
1430 agency, or person, either directly or implicitly, for referring
1431 patients to providers of health care goods or services,
1432 including, but not limited to, hospitals, nursing homes,
1433 clinical laboratories, ambulatory surgical centers, or
1434 pharmacies. This subparagraph may not be construed to prevent an
1435 advanced practice registered nurse from receiving a fee for
1436 professional consultation services.

1437 2. Exercising influence within a patient-advanced practice
1438 registered nurse relationship for purposes of engaging a patient
1439 in sexual activity. A patient shall be presumed to be incapable
1440 of giving free, full, and informed consent to sexual activity
1441 with his or her advanced practice registered nurse.

1442 3. Making deceptive, untrue, or fraudulent representations
1443 in or related to, or employing a trick or scheme in or related
1444 to, advanced or specialized nursing practice.

1445 4. Soliciting patients, either personally or through an
1446 agent, by the use of fraud, intimidation, undue influence, or a
1447 form of overreaching or vexatious conduct. As used in this
1448 subparagraph, the term "soliciting" means directly or implicitly
1449 requesting an immediate oral response from the recipient.

1450 5. Failing to keep legible, as defined by department rule

1451 in consultation with the board, medical records that identify
1452 the advanced practice registered nurse by name and professional
1453 title who is responsible for rendering, ordering, supervising,
1454 or billing for each diagnostic or treatment procedure and that
1455 justify the course of treatment of the patient, including, but
1456 not limited to, patient histories; examination results; test
1457 results; records of drugs prescribed, dispensed, or
1458 administered; and reports of consultations or referrals.

1459 6. Exercising influence on the patient to exploit the
1460 patient for the financial gain of the advanced practice
1461 registered nurse or a third party, including, but not limited
1462 to, the promoting or selling of services, goods, appliances, or
1463 drugs.

1464 7. Performing professional services that have not been
1465 duly authorized by the patient, or his or her legal
1466 representative, except as provided in s. 766.103 or s. 768.13.

1467 8. Performing any procedure or prescribing any therapy
1468 that, by the prevailing standards of advanced or specialized
1469 nursing practice in the community, would constitute
1470 experimentation on a human subject, without first obtaining
1471 full, informed, and written consent.

1472 9. Delegating professional responsibilities to a person
1473 when the advanced practice registered nurse delegating such
1474 responsibilities knows or has reason to believe that such person
1475 is not qualified by training, experience, or licensure to

1476 perform such responsibilities.

1477 10. Committing, or conspiring with another to commit, an
1478 act that would tend to coerce, intimidate, or preclude another
1479 advanced practice registered nurse from lawfully advertising his
1480 or her services.

1481 11. Advertising or holding himself or herself out as
1482 having certification in a specialty that the he or she has not
1483 received.

1484 12. Failing to comply with the requirements of ss. 381.026
1485 and 381.0261 related to providing patients with information
1486 about their rights and how to file a complaint.

1487 13. Providing deceptive or fraudulent expert witness
1488 testimony related to advanced or specialized nursing practice.

1489 Section 9. Subsection (43) of section 39.01, Florida
1490 Statutes, is amended to read:

1491 39.01 Definitions.—When used in this chapter, unless the
1492 context otherwise requires:

1493 (43) "Licensed health care professional" means a physician
1494 licensed under chapter 458, an osteopathic physician licensed
1495 under chapter 459, a nurse licensed under part I of chapter 464,
1496 an autonomous physician assistant or a physician assistant
1497 registered or licensed under chapter 458 or chapter 459, or a
1498 dentist licensed under chapter 466.

1499 Section 10. Paragraphs (d) and (e) of subsection (5) of
1500 section 39.303, Florida Statutes, are redesignated as paragraphs

1501 (e) and (f), respectively, a new paragraph (d) is added to that
 1502 subsection, and paragraph (a) of subsection (6) of that section
 1503 is amended, to read:

1504 39.303 Child protection teams and sexual abuse treatment
 1505 programs; services; eligible cases.—

1506 (5) All abuse and neglect cases transmitted for
 1507 investigation to a circuit by the hotline must be simultaneously
 1508 transmitted to the child protection team for review. For the
 1509 purpose of determining whether a face-to-face medical evaluation
 1510 by a child protection team is necessary, all cases transmitted
 1511 to the child protection team which meet the criteria in
 1512 subsection (4) must be timely reviewed by:

1513 (d) An autonomous physician assistant registered under
 1514 chapter 458 or chapter 459 who has a specialty in pediatrics or
 1515 family medicine and is member of the child protection team;

1516 (6) A face-to-face medical evaluation by a child
 1517 protection team is not necessary when:

1518 (a) The child was examined for the alleged abuse or
 1519 neglect by a physician who is not a member of the child
 1520 protection team, and a consultation between the child protection
 1521 team medical director or a child protection team board-certified
 1522 pediatrician, advanced practice registered nurse, autonomous
 1523 physician assistant, or physician assistant working under the
 1524 supervision of a child protection team medical director or a
 1525 child protection team board-certified pediatrician, or

1526 registered nurse working under the direct supervision of a child
 1527 protection team medical director or a child protection team
 1528 board-certified pediatrician, and the examining physician
 1529 concludes that a further medical evaluation is unnecessary;

1530
 1531 Notwithstanding paragraphs (a), (b), and (c), a child protection
 1532 team medical director or a child protection team pediatrician,
 1533 as authorized in subsection (5), may determine that a face-to-
 1534 face medical evaluation is necessary.

1535 Section 11. Paragraph (b) of subsection (1) of section
 1536 39.304, Florida Statutes, is amended to read:

1537 39.304 Photographs, medical examinations, X rays, and
 1538 medical treatment of abused, abandoned, or neglected child.—

1539 (1)

1540 (b) If the areas of trauma visible on a child indicate a
 1541 need for a medical examination, or if the child verbally
 1542 complains or otherwise exhibits distress as a result of injury
 1543 through suspected child abuse, abandonment, or neglect, or is
 1544 alleged to have been sexually abused, the person required to
 1545 investigate may cause the child to be referred for diagnosis to
 1546 a licensed physician or an emergency department in a hospital
 1547 without the consent of the child's parents or legal custodian.
 1548 Such examination may be performed by any licensed physician,
 1549 registered autonomous physician assistant, licensed physician
 1550 assistant, or ~~an~~ advanced practice registered nurse licensed

1551 pursuant to part I of chapter 464. Any licensed physician,
1552 registered autonomous physician assistant, licensed physician
1553 assistant, or advanced practice registered nurse licensed
1554 pursuant to part I of chapter 464 who has reasonable cause to
1555 suspect that an injury was the result of child abuse,
1556 abandonment, or neglect may authorize a radiological examination
1557 to be performed on the child without the consent of the child's
1558 parent or legal custodian.

1559 Section 12. Paragraph (d) of subsection (2) of section
1560 110.12315, Florida Statutes, is amended to read:

1561 110.12315 Prescription drug program.—The state employees'
1562 prescription drug program is established. This program shall be
1563 administered by the Department of Management Services, according
1564 to the terms and conditions of the plan as established by the
1565 relevant provisions of the annual General Appropriations Act and
1566 implementing legislation, subject to the following conditions:

1567 (2) In providing for reimbursement of pharmacies for
1568 prescription drugs and supplies dispensed to members of the
1569 state group health insurance plan and their dependents under the
1570 state employees' prescription drug program:

1571 (d) The department shall establish the reimbursement
1572 schedule for prescription drugs and supplies dispensed under the
1573 program. Reimbursement rates for a prescription drug or supply
1574 must be based on the cost of the generic equivalent drug or
1575 supply if a generic equivalent exists, unless the physician,

1576 advanced practice registered nurse, autonomous physician
 1577 assistant, or physician assistant prescribing the drug or supply
 1578 clearly states on the prescription that the brand name drug or
 1579 supply is medically necessary or that the drug or supply is
 1580 included on the formulary of drugs and supplies that may not be
 1581 interchanged as provided in chapter 465, in which case
 1582 reimbursement must be based on the cost of the brand name drug
 1583 or supply as specified in the reimbursement schedule adopted by
 1584 the department.

1585 Section 13. Paragraph (a) of subsection (3) of section
 1586 252.515, Florida Statutes, is amended to read:

1587 252.515 Postdisaster Relief Assistance Act; immunity from
 1588 civil liability.—

1589 (3) As used in this section, the term:

1590 (a) "Emergency first responder" means:

- 1591 1. A physician licensed under chapter 458.
- 1592 2. An osteopathic physician licensed under chapter 459.
- 1593 3. A chiropractic physician licensed under chapter 460.
- 1594 4. A podiatric physician licensed under chapter 461.
- 1595 5. A dentist licensed under chapter 466.
- 1596 6. An advanced practice registered nurse licensed under s.
 1597 464.012.
- 1598 7. An autonomous physician assistant or a physician
 1599 assistant registered or licensed under s. 458.347 or s. 459.022.
- 1600 8. A worker employed by a public or private hospital in

1601 the state.

1602 9. A paramedic as defined in s. 401.23(17).

1603 10. An emergency medical technician as defined in s.
1604 401.23(11).

1605 11. A firefighter as defined in s. 633.102.

1606 12. A law enforcement officer as defined in s. 943.10.

1607 13. A member of the Florida National Guard.

1608 14. Any other personnel designated as emergency personnel
1609 by the Governor pursuant to a declared emergency.

1610 Section 14. Paragraph (c) of subsection (1) of section
1611 310.071, Florida Statutes, is amended to read:

1612 310.071 Deputy pilot certification.—

1613 (1) In addition to meeting other requirements specified in
1614 this chapter, each applicant for certification as a deputy pilot
1615 must:

1616 (c) Be in good physical and mental health, as evidenced by
1617 documentary proof of having satisfactorily passed a complete
1618 physical examination administered by a licensed physician within
1619 the preceding 6 months. The board shall adopt rules to establish
1620 requirements for passing the physical examination, which rules
1621 shall establish minimum standards for the physical or mental
1622 capabilities necessary to carry out the professional duties of a
1623 certificated deputy pilot. Such standards shall include zero
1624 tolerance for any controlled substance regulated under chapter
1625 893 unless that individual is under the care of a physician, an

1626 advanced practice registered nurse, an autonomous physician
1627 assistant, or a physician assistant and that controlled
1628 substance was prescribed by that physician, advanced practice
1629 registered nurse, autonomous physician assistant, or physician
1630 assistant. To maintain eligibility as a certificated deputy
1631 pilot, each certificated deputy pilot must annually provide
1632 documentary proof of having satisfactorily passed a complete
1633 physical examination administered by a licensed physician. The
1634 physician must know the minimum standards and certify that the
1635 certificateholder satisfactorily meets the standards. The
1636 standards for certificateholders shall include a drug test.

1637 Section 15. Subsection (3) of section 310.073, Florida
1638 Statutes, is amended to read:

1639 310.073 State pilot licensing.—In addition to meeting
1640 other requirements specified in this chapter, each applicant for
1641 license as a state pilot must:

1642 (3) Be in good physical and mental health, as evidenced by
1643 documentary proof of having satisfactorily passed a complete
1644 physical examination administered by a licensed physician within
1645 the preceding 6 months. The board shall adopt rules to establish
1646 requirements for passing the physical examination, which rules
1647 shall establish minimum standards for the physical or mental
1648 capabilities necessary to carry out the professional duties of a
1649 licensed state pilot. Such standards shall include zero
1650 tolerance for any controlled substance regulated under chapter

1651 893 unless that individual is under the care of a physician, an
1652 advanced practice registered nurse, an autonomous physician
1653 assistant, or a physician assistant and that controlled
1654 substance was prescribed by that physician, advanced practice
1655 registered nurse, autonomous physician assistant, or physician
1656 assistant. To maintain eligibility as a licensed state pilot,
1657 each licensed state pilot must annually provide documentary
1658 proof of having satisfactorily passed a complete physical
1659 examination administered by a licensed physician. The physician
1660 must know the minimum standards and certify that the licensee
1661 satisfactorily meets the standards. The standards for licensees
1662 shall include a drug test.

1663 Section 16. Paragraph (b) of subsection (3) of section
1664 310.081, Florida Statutes, is amended to read:

1665 310.081 Department to examine and license state pilots and
1666 certificate deputy pilots; vacancies.—

1667 (3) Pilots shall hold their licenses or certificates
1668 pursuant to the requirements of this chapter so long as they:

1669 (b) Are in good physical and mental health as evidenced by
1670 documentary proof of having satisfactorily passed a physical
1671 examination administered by a licensed physician or physician
1672 assistant within each calendar year. The board shall adopt rules
1673 to establish requirements for passing the physical examination,
1674 which rules shall establish minimum standards for the physical
1675 or mental capabilities necessary to carry out the professional

1676 duties of a licensed state pilot or a certificated deputy pilot.
1677 Such standards shall include zero tolerance for any controlled
1678 substance regulated under chapter 893 unless that individual is
1679 under the care of a physician, an advanced practice registered
1680 nurse, an autonomous physician assistant, or a physician
1681 assistant and that controlled substance was prescribed by that
1682 physician, advanced practice registered nurse, autonomous
1683 physician assistant, or physician assistant. To maintain
1684 eligibility as a certificated deputy pilot or licensed state
1685 pilot, each certificated deputy pilot or licensed state pilot
1686 must annually provide documentary proof of having satisfactorily
1687 passed a complete physical examination administered by a
1688 licensed physician. The physician must know the minimum
1689 standards and certify that the certificateholder or licensee
1690 satisfactorily meets the standards. The standards for
1691 certificateholders and for licensees shall include a drug test.

1692
1693 Upon resignation or in the case of disability permanently
1694 affecting a pilot's ability to serve, the state license or
1695 certificate issued under this chapter shall be revoked by the
1696 department.

1697 Section 17. Paragraph (b) of subsection (1) of section
1698 320.0848, Florida Statutes, is amended to read:

1699 320.0848 Persons who have disabilities; issuance of
1700 disabled parking permits; temporary permits; permits for certain

1701 providers of transportation services to persons who have
 1702 disabilities.—
 1703 (1)
 1704 (b)1. The person must be currently certified as being
 1705 legally blind or as having any of the following disabilities
 1706 that render him or her unable to walk 200 feet without stopping
 1707 to rest:
 1708 a. Inability to walk without the use of or assistance from
 1709 a brace, cane, crutch, prosthetic device, or other assistive
 1710 device, or without the assistance of another person. If the
 1711 assistive device significantly restores the person's ability to
 1712 walk to the extent that the person can walk without severe
 1713 limitation, the person is not eligible for the exemption parking
 1714 permit.
 1715 b. The need to permanently use a wheelchair.
 1716 c. Restriction by lung disease to the extent that the
 1717 person's forced (respiratory) expiratory volume for 1 second,
 1718 when measured by spirometry, is less than 1 liter, or the
 1719 person's arterial oxygen is less than 60 mm/hg on room air at
 1720 rest.
 1721 d. Use of portable oxygen.
 1722 e. Restriction by cardiac condition to the extent that the
 1723 person's functional limitations are classified in severity as
 1724 Class III or Class IV according to standards set by the American
 1725 Heart Association.

1726 f. Severe limitation in the person's ability to walk due
1727 to an arthritic, neurological, or orthopedic condition.

1728 2. The certification of disability which is required under
1729 subparagraph 1. must be provided by a physician licensed under
1730 chapter 458, chapter 459, or chapter 460, by a podiatric
1731 physician licensed under chapter 461, by an optometrist licensed
1732 under chapter 463, by an advanced practice registered nurse
1733 licensed under chapter 464 under the protocol of a licensed
1734 physician as stated in this subparagraph, by an autonomous
1735 physician assistant or a physician assistant registered or
1736 licensed under chapter 458 or chapter 459, or by a similarly
1737 licensed physician from another state if the application is
1738 accompanied by documentation of the physician's licensure in the
1739 other state and a form signed by the out-of-state physician
1740 verifying his or her knowledge of this state's eligibility
1741 guidelines.

1742 Section 18. Paragraph (c) of subsection (1) of section
1743 381.00315, Florida Statutes, is amended to read:

1744 381.00315 Public health advisories; public health
1745 emergencies; isolation and quarantines.—The State Health Officer
1746 is responsible for declaring public health emergencies, issuing
1747 public health advisories, and ordering isolation or quarantines.

1748 (1) As used in this section, the term:

1749 (c) "Public health emergency" means any occurrence, or
1750 threat thereof, whether natural or manmade, which results or may

1751 result in substantial injury or harm to the public health from
1752 infectious disease, chemical agents, nuclear agents, biological
1753 toxins, or situations involving mass casualties or natural
1754 disasters. Before declaring a public health emergency, the State
1755 Health Officer shall, to the extent possible, consult with the
1756 Governor and shall notify the Chief of Domestic Security. The
1757 declaration of a public health emergency shall continue until
1758 the State Health Officer finds that the threat or danger has
1759 been dealt with to the extent that the emergency conditions no
1760 longer exist and he or she terminates the declaration. However,
1761 a declaration of a public health emergency may not continue for
1762 longer than 60 days unless the Governor concurs in the renewal
1763 of the declaration. The State Health Officer, upon declaration
1764 of a public health emergency, may take actions that are
1765 necessary to protect the public health. Such actions include,
1766 but are not limited to:

1767 1. Directing manufacturers of prescription drugs or over-
1768 the-counter drugs who are permitted under chapter 499 and
1769 wholesalers of prescription drugs located in this state who are
1770 permitted under chapter 499 to give priority to the shipping of
1771 specified drugs to pharmacies and health care providers within
1772 geographic areas that have been identified by the State Health
1773 Officer. The State Health Officer must identify the drugs to be
1774 shipped. Manufacturers and wholesalers located in the state must
1775 respond to the State Health Officer's priority shipping

1776 directive before shipping the specified drugs.

1777 2. Notwithstanding chapters 465 and 499 and rules adopted
1778 thereunder, directing pharmacists employed by the department to
1779 compound bulk prescription drugs and provide these bulk
1780 prescription drugs to physicians and nurses of county health
1781 departments or any qualified person authorized by the State
1782 Health Officer for administration to persons as part of a
1783 prophylactic or treatment regimen.

1784 3. Notwithstanding s. 456.036, temporarily reactivating
1785 the inactive license or registration of the following health
1786 care practitioners, when such practitioners are needed to
1787 respond to the public health emergency: physicians licensed
1788 under chapter 458 or chapter 459; autonomous physician
1789 assistants or physician assistants registered or licensed under
1790 chapter 458 or chapter 459; licensed practical nurses,
1791 registered nurses, and advanced practice registered nurses
1792 licensed under part I of chapter 464; respiratory therapists
1793 licensed under part V of chapter 468; and emergency medical
1794 technicians and paramedics certified under part III of chapter
1795 401. Only those health care practitioners specified in this
1796 paragraph who possess an unencumbered inactive license and who
1797 request that such license be reactivated are eligible for
1798 reactivation. An inactive license that is reactivated under this
1799 paragraph shall return to inactive status when the public health
1800 emergency ends or before the end of the public health emergency

1801 if the State Health Officer determines that the health care
1802 practitioner is no longer needed to provide services during the
1803 public health emergency. Such licenses may only be reactivated
1804 for a period not to exceed 90 days without meeting the
1805 requirements of s. 456.036 or chapter 401, as applicable.

1806 4. Ordering an individual to be examined, tested,
1807 vaccinated, treated, isolated, or quarantined for communicable
1808 diseases that have significant morbidity or mortality and
1809 present a severe danger to public health. Individuals who are
1810 unable or unwilling to be examined, tested, vaccinated, or
1811 treated for reasons of health, religion, or conscience may be
1812 subjected to isolation or quarantine.

1813 a. Examination, testing, vaccination, or treatment may be
1814 performed by any qualified person authorized by the State Health
1815 Officer.

1816 b. If the individual poses a danger to the public health,
1817 the State Health Officer may subject the individual to isolation
1818 or quarantine. If there is no practical method to isolate or
1819 quarantine the individual, the State Health Officer may use any
1820 means necessary to vaccinate or treat the individual.

1821
1822 Any order of the State Health Officer given to effectuate this
1823 paragraph shall be immediately enforceable by a law enforcement
1824 officer under s. 381.0012.

1825 Section 19. Subsection (3) of section 381.00593, Florida

1826 Statutes, is amended to read:

1827 381.00593 Public school volunteer health care practitioner
1828 program.—

1829 (3) For purposes of this section, the term "health care
1830 practitioner" means a physician or autonomous physician
1831 assistant licensed or registered under chapter 458; an
1832 osteopathic physician or autonomous physician assistant licensed
1833 or registered under chapter 459; a chiropractic physician
1834 licensed under chapter 460; a podiatric physician licensed under
1835 chapter 461; an optometrist licensed under chapter 463; an
1836 advanced practice registered nurse, registered nurse, or
1837 licensed practical nurse licensed under part I of chapter 464; a
1838 pharmacist licensed under chapter 465; a dentist or dental
1839 hygienist licensed under chapter 466; a midwife licensed under
1840 chapter 467; a speech-language pathologist or audiologist
1841 licensed under part I of chapter 468; a dietitian/nutritionist
1842 licensed under part X of chapter 468; or a physical therapist
1843 licensed under chapter 486.

1844 Section 20. Paragraph (c) of subsection (2) of section
1845 381.026, Florida Statutes, is amended to read:

1846 381.026 Florida Patient's Bill of Rights and
1847 Responsibilities.—

1848 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1849 the term:

1850 (c) "Health care provider" means a physician licensed

1851 under chapter 458, an osteopathic physician licensed under
1852 chapter 459, ~~or~~ a podiatric physician licensed under chapter
1853 461, an advanced practice registered nurse registered under s.
1854 464.0123, or an autonomous physician assistant registered under
1855 s. 458.347(8).

1856 Section 21. Paragraph (a) of subsection (2) and
1857 subsections (3), (4), and (5) of section 382.008, Florida
1858 Statutes, are amended to read:

1859 382.008 Death, fetal death, and nonviable birth
1860 registration.—

1861 (2) (a) The funeral director who first assumes custody of a
1862 dead body or fetus shall file the certificate of death or fetal
1863 death. In the absence of the funeral director, the physician,
1864 advanced practice registered nurse, autonomous physician
1865 assistant, physician assistant, or other person in attendance at
1866 or after the death or the district medical examiner of the
1867 county in which the death occurred or the body was found shall
1868 file the certificate of death or fetal death. The person who
1869 files the certificate shall obtain personal data from a legally
1870 authorized person as described in s. 497.005 or the best
1871 qualified person or source available. The medical certification
1872 of cause of death shall be furnished to the funeral director,
1873 either in person or via certified mail or electronic transfer,
1874 by the physician, advanced practice registered nurse, autonomous
1875 physician assistant, physician assistant, or medical examiner

1876 responsible for furnishing such information. For fetal deaths,
 1877 the physician, certified nurse midwife, midwife, or hospital
 1878 administrator shall provide any medical or health information to
 1879 the funeral director within 72 hours after expulsion or
 1880 extraction.

1881 (3) Within 72 hours after receipt of a death or fetal
 1882 death certificate from the funeral director, the medical
 1883 certification of cause of death shall be completed and made
 1884 available to the funeral director by the decedent's primary or
 1885 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
 1886 district medical examiner of the county in which the death
 1887 occurred or the body was found. The primary or attending
 1888 practitioner ~~physician~~ or the medical examiner shall certify
 1889 over his or her signature the cause of death to the best of his
 1890 or her knowledge and belief. As used in this section, the term
 1891 "primary or attending practitioner ~~physician~~" means a physician,
 1892 advanced practice registered nurse, autonomous physician
 1893 assistant, or physician assistant who treated the decedent
 1894 through examination, medical advice, or medication during the 12
 1895 months preceding the date of death.

1896 (a) The department may grant the funeral director an
 1897 extension of time upon a good and sufficient showing of any of
 1898 the following conditions:

- 1899 1. An autopsy is pending.
- 1900 2. Toxicology, laboratory, or other diagnostic reports

1901 have not been completed.

1902 3. The identity of the decedent is unknown and further
1903 investigation or identification is required.

1904 (b) If the decedent's primary or attending practitioner
1905 ~~physician~~ or the district medical examiner of the county in
1906 which the death occurred or the body was found indicates that he
1907 or she will sign and complete the medical certification of cause
1908 of death but will not be available until after the 5-day
1909 registration deadline, the local registrar may grant an
1910 extension of 5 days. If a further extension is required, the
1911 funeral director must provide written justification to the
1912 registrar.

1913 (4) If the department or local registrar grants an
1914 extension of time to provide the medical certification of cause
1915 of death, the funeral director shall file a temporary
1916 certificate of death or fetal death which shall contain all
1917 available information, including the fact that the cause of
1918 death is pending. The decedent's primary or attending
1919 practitioner ~~physician~~ or the district medical examiner of the
1920 county in which the death occurred or the body was found shall
1921 provide an estimated date for completion of the permanent
1922 certificate.

1923 (5) A permanent certificate of death or fetal death,
1924 containing the cause of death and any other information that was
1925 previously unavailable, shall be registered as a replacement for

1926 the temporary certificate. The permanent certificate may also
 1927 include corrected information if the items being corrected are
 1928 noted on the back of the certificate and dated and signed by the
 1929 funeral director, physician, advanced practice registered nurse,
 1930 autonomous physician assistant, physician assistant, or district
 1931 medical examiner of the county in which the death occurred or
 1932 the body was found, as appropriate.

1933 Section 22. Subsection (1) of section 382.011, Florida
 1934 Statutes, is amended to read:

1935 382.011 Medical examiner determination of cause of death.—

1936 (1) In the case of any death or fetal death due to causes
 1937 or conditions listed in s. 406.11, any death that occurred more
 1938 than 12 months after the decedent was last treated by a primary
 1939 or attending physician ~~as defined in s. 382.008(3)~~, or any death
 1940 for which there is reason to believe that the death may have
 1941 been due to an unlawful act or neglect, the funeral director or
 1942 other person to whose attention the death may come shall refer
 1943 the case to the district medical examiner of the county in which
 1944 the death occurred or the body was found for investigation and
 1945 determination of the cause of death.

1946 Section 23. Paragraph (c) of subsection (1) of section
 1947 383.14, Florida Statutes, is amended to read:

1948 383.14 Screening for metabolic disorders, other hereditary
 1949 and congenital disorders, and environmental risk factors.—

1950 (1) SCREENING REQUIREMENTS.—To help ensure access to the

1951 maternal and child health care system, the Department of Health
1952 shall promote the screening of all newborns born in Florida for
1953 metabolic, hereditary, and congenital disorders known to result
1954 in significant impairment of health or intellect, as screening
1955 programs accepted by current medical practice become available
1956 and practical in the judgment of the department. The department
1957 shall also promote the identification and screening of all
1958 newborns in this state and their families for environmental risk
1959 factors such as low income, poor education, maternal and family
1960 stress, emotional instability, substance abuse, and other high-
1961 risk conditions associated with increased risk of infant
1962 mortality and morbidity to provide early intervention,
1963 remediation, and prevention services, including, but not limited
1964 to, parent support and training programs, home visitation, and
1965 case management. Identification, perinatal screening, and
1966 intervention efforts shall begin prior to and immediately
1967 following the birth of the child by the attending health care
1968 provider. Such efforts shall be conducted in hospitals,
1969 perinatal centers, county health departments, school health
1970 programs that provide prenatal care, and birthing centers, and
1971 reported to the Office of Vital Statistics.

1972 (c) Release of screening results.—Notwithstanding any law
1973 to the contrary, the State Public Health Laboratory may release,
1974 directly or through the Children's Medical Services program, the
1975 results of a newborn's hearing and metabolic tests or screenings

1976 to the newborn's health care practitioner, the newborn's parent
1977 or legal guardian, the newborn's personal representative, or a
1978 person designated by the newborn's parent or legal guardian. As
1979 used in this paragraph, the term "health care practitioner"
1980 means a physician, autonomous physician assistant, or physician
1981 assistant registered or licensed under chapter 458; an
1982 osteopathic physician, autonomous physician assistant, or
1983 physician assistant registered or licensed under chapter 459; an
1984 advanced practice registered nurse, registered nurse, or
1985 licensed practical nurse licensed under part I of chapter 464; a
1986 midwife licensed under chapter 467; a speech-language
1987 pathologist or audiologist licensed under part I of chapter 468;
1988 or a dietician or nutritionist licensed under part X of chapter
1989 468.

1990 Section 24. Paragraph (a) of subsection (3) of section
1991 390.0111, Florida Statutes, is amended to read:

1992 390.0111 Termination of pregnancies.—

1993 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1994 be performed or induced except with the voluntary and informed
1995 written consent of the pregnant woman or, in the case of a
1996 mental incompetent, the voluntary and informed written consent
1997 of her court-appointed guardian.

1998 (a) Except in the case of a medical emergency, consent to
1999 a termination of pregnancy is voluntary and informed only if:

2000 1. The physician who is to perform the procedure, or the

2001 referring physician, has, at a minimum, orally, while physically
2002 present in the same room, and at least 24 hours before the
2003 procedure, informed the woman of:

2004 a. The nature and risks of undergoing or not undergoing
2005 the proposed procedure that a reasonable patient would consider
2006 material to making a knowing and willful decision of whether to
2007 terminate a pregnancy.

2008 b. The probable gestational age of the fetus, verified by
2009 an ultrasound, at the time the termination of pregnancy is to be
2010 performed.

2011 (I) The ultrasound must be performed by the physician who
2012 is to perform the abortion or by a person having documented
2013 evidence that he or she has completed a course in the operation
2014 of ultrasound equipment as prescribed by rule and who is working
2015 in conjunction with the physician.

2016 (II) The person performing the ultrasound must offer the
2017 woman the opportunity to view the live ultrasound images and
2018 hear an explanation of them. If the woman accepts the
2019 opportunity to view the images and hear the explanation, a
2020 physician or a registered nurse, licensed practical nurse,
2021 advanced practice registered nurse, autonomous physician
2022 assistant, or physician assistant working in conjunction with
2023 the physician must contemporaneously review and explain the
2024 images to the woman before the woman gives informed consent to
2025 having an abortion procedure performed.

2026 (III) The woman has a right to decline to view and hear
2027 the explanation of the live ultrasound images after she is
2028 informed of her right and offered an opportunity to view the
2029 images and hear the explanation. If the woman declines, the
2030 woman shall complete a form acknowledging that she was offered
2031 an opportunity to view and hear the explanation of the images
2032 but that she declined that opportunity. The form must also
2033 indicate that the woman's decision was not based on any undue
2034 influence from any person to discourage her from viewing the
2035 images or hearing the explanation and that she declined of her
2036 own free will.

2037 (IV) Unless requested by the woman, the person performing
2038 the ultrasound may not offer the opportunity to view the images
2039 and hear the explanation and the explanation may not be given
2040 if, at the time the woman schedules or arrives for her
2041 appointment to obtain an abortion, a copy of a restraining
2042 order, police report, medical record, or other court order or
2043 documentation is presented which provides evidence that the
2044 woman is obtaining the abortion because the woman is a victim of
2045 rape, incest, domestic violence, or human trafficking or that
2046 the woman has been diagnosed as having a condition that, on the
2047 basis of a physician's good faith clinical judgment, would
2048 create a serious risk of substantial and irreversible impairment
2049 of a major bodily function if the woman delayed terminating her
2050 pregnancy.

2051 c. The medical risks to the woman and fetus of carrying
2052 the pregnancy to term.

2053
2054 The physician may provide the information required in this
2055 subparagraph within 24 hours before the procedure if requested
2056 by the woman at the time she schedules or arrives for her
2057 appointment to obtain an abortion and if she presents to the
2058 physician a copy of a restraining order, police report, medical
2059 record, or other court order or documentation evidencing that
2060 she is obtaining the abortion because she is a victim of rape,
2061 incest, domestic violence, or human trafficking.

2062 2. Printed materials prepared and provided by the
2063 department have been provided to the pregnant woman, if she
2064 chooses to view these materials, including:

2065 a. A description of the fetus, including a description of
2066 the various stages of development.

2067 b. A list of entities that offer alternatives to
2068 terminating the pregnancy.

2069 c. Detailed information on the availability of medical
2070 assistance benefits for prenatal care, childbirth, and neonatal
2071 care.

2072 3. The woman acknowledges in writing, before the
2073 termination of pregnancy, that the information required to be
2074 provided under this subsection has been provided.

2075

2076 Nothing in this paragraph is intended to prohibit a physician
2077 from providing any additional information which the physician
2078 deems material to the woman's informed decision to terminate her
2079 pregnancy.

2080 Section 25. Paragraphs (c), (e), and (f) of subsection (3)
2081 of section 390.012, Florida Statutes, are amended to read:

2082 390.012 Powers of agency; rules; disposal of fetal
2083 remains.—

2084 (3) For clinics that perform or claim to perform abortions
2085 after the first trimester of pregnancy, the agency shall adopt
2086 rules pursuant to ss. 120.536(1) and 120.54 to implement the
2087 provisions of this chapter, including the following:

2088 (c) Rules relating to abortion clinic personnel. At a
2089 minimum, these rules shall require that:

2090 1. The abortion clinic designate a medical director who is
2091 licensed to practice medicine in this state, and all physicians
2092 who perform abortions in the clinic have admitting privileges at
2093 a hospital within reasonable proximity to the clinic, unless the
2094 clinic has a written patient transfer agreement with a hospital
2095 within reasonable proximity to the clinic which includes the
2096 transfer of the patient's medical records held by both the
2097 clinic and the treating physician.

2098 2. If a physician is not present after an abortion is
2099 performed, a registered nurse, licensed practical nurse,
2100 advanced practice registered nurse, autonomous physician

2101 assistant, or physician assistant be present and remain at the
2102 clinic to provide postoperative monitoring and care until the
2103 patient is discharged.

2104 3. Surgical assistants receive training in counseling,
2105 patient advocacy, and the specific responsibilities associated
2106 with the services the surgical assistants provide.

2107 4. Volunteers receive training in the specific
2108 responsibilities associated with the services the volunteers
2109 provide, including counseling and patient advocacy as provided
2110 in the rules adopted by the director for different types of
2111 volunteers based on their responsibilities.

2112 (e) Rules relating to the abortion procedure. At a
2113 minimum, these rules shall require:

2114 1. That a physician, registered nurse, licensed practical
2115 nurse, advanced practice registered nurse, autonomous physician
2116 assistant, or physician assistant is available to all patients
2117 throughout the abortion procedure.

2118 2. Standards for the safe conduct of abortion procedures
2119 that conform to obstetric standards in keeping with established
2120 standards of care regarding the estimation of fetal age as
2121 defined in rule.

2122 3. Appropriate use of general and local anesthesia,
2123 analgesia, and sedation if ordered by the physician.

2124 4. Appropriate precautions, such as the establishment of
2125 intravenous access at least for patients undergoing post-first

2126 | trimester abortions.

2127 | 5. Appropriate monitoring of the vital signs and other
2128 | defined signs and markers of the patient's status throughout the
2129 | abortion procedure and during the recovery period until the
2130 | patient's condition is deemed to be stable in the recovery room.

2131 | (f) Rules that prescribe minimum recovery room standards.
2132 | At a minimum, these rules must require that:

2133 | 1. Postprocedure recovery rooms be supervised and staffed
2134 | to meet the patients' needs.

2135 | 2. Immediate postprocedure care consist of observation in
2136 | a supervised recovery room for as long as the patient's
2137 | condition warrants.

2138 | 3. A registered nurse, licensed practical nurse, advanced
2139 | practice registered nurse, autonomous physician assistant, or
2140 | physician assistant who is trained in the management of the
2141 | recovery area and is capable of providing basic cardiopulmonary
2142 | resuscitation and related emergency procedures remain on the
2143 | premises of the abortion clinic until all patients are
2144 | discharged.

2145 | 4. A physician sign the discharge order and be readily
2146 | accessible and available until the last patient is discharged to
2147 | facilitate the transfer of emergency cases if hospitalization of
2148 | the patient or viable fetus is necessary.

2149 | 5. A physician discuss Rho(D) immune globulin with each
2150 | patient for whom it is indicated and ensure that it is offered

2151 to the patient in the immediate postoperative period or will be
2152 available to her within 72 hours after completion of the
2153 abortion procedure. If the patient refuses the Rho(D) immune
2154 globulin, she and a witness must sign a refusal form approved by
2155 the agency which must be included in the medical record.

2156 6. Written instructions with regard to postabortion
2157 coitus, signs of possible problems, and general aftercare which
2158 are specific to the patient be given to each patient. The
2159 instructions must include information regarding access to
2160 medical care for complications, including a telephone number for
2161 use in the event of a medical emergency.

2162 7. A minimum length of time be specified, by type of
2163 abortion procedure and duration of gestation, during which a
2164 patient must remain in the recovery room.

2165 8. The physician ensure that, with the patient's consent,
2166 a registered nurse, licensed practical nurse, advanced practice
2167 registered nurse, autonomous physician assistant, or physician
2168 assistant from the abortion clinic makes a good faith effort to
2169 contact the patient by telephone within 24 hours after surgery
2170 to assess the patient's recovery.

2171 9. Equipment and services be readily accessible to provide
2172 appropriate emergency resuscitative and life support procedures
2173 pending the transfer of the patient or viable fetus to the
2174 hospital.

2175 Section 26. Paragraphs (a) and (f) of subsection (2) of

2176 section 394.463, Florida Statutes, are amended to read:

2177 394.463 Involuntary examination.—

2178 (2) INVOLUNTARY EXAMINATION.—

2179 (a) An involuntary examination may be initiated by any one
2180 of the following means:

2181 1. A circuit or county court may enter an ex parte order
2182 stating that a person appears to meet the criteria for
2183 involuntary examination and specifying the findings on which
2184 that conclusion is based. The ex parte order for involuntary
2185 examination must be based on written or oral sworn testimony
2186 that includes specific facts that support the findings. If other
2187 less restrictive means are not available, such as voluntary
2188 appearance for outpatient evaluation, a law enforcement officer,
2189 or other designated agent of the court, shall take the person
2190 into custody and deliver him or her to an appropriate, or the
2191 nearest, facility within the designated receiving system
2192 pursuant to s. 394.462 for involuntary examination. The order of
2193 the court shall be made a part of the patient's clinical record.
2194 A fee may not be charged for the filing of an order under this
2195 subsection. A facility accepting the patient based on this order
2196 must send a copy of the order to the department the next working
2197 day. The order may be submitted electronically through existing
2198 data systems, if available. The order shall be valid only until
2199 the person is delivered to the facility or for the period
2200 specified in the order itself, whichever comes first. If no time

2201 | limit is specified in the order, the order shall be valid for 7
 2202 | days after the date that the order was signed.

2203 | 2. A law enforcement officer shall take a person who
 2204 | appears to meet the criteria for involuntary examination into
 2205 | custody and deliver the person or have him or her delivered to
 2206 | an appropriate, or the nearest, facility within the designated
 2207 | receiving system pursuant to s. 394.462 for examination. The
 2208 | officer shall execute a written report detailing the
 2209 | circumstances under which the person was taken into custody,
 2210 | which must be made a part of the patient's clinical record. Any
 2211 | facility accepting the patient based on this report must send a
 2212 | copy of the report to the department the next working day.

2213 | 3. A physician, autonomous physician assistant, physician
 2214 | assistant, clinical psychologist, psychiatric nurse, advanced
 2215 | practice registered nurse, mental health counselor, marriage and
 2216 | family therapist, or clinical social worker may execute a
 2217 | certificate stating that he or she has examined a person within
 2218 | the preceding 48 hours and finds that the person appears to meet
 2219 | the criteria for involuntary examination and stating the
 2220 | observations upon which that conclusion is based. If other less
 2221 | restrictive means, such as voluntary appearance for outpatient
 2222 | evaluation, are not available, a law enforcement officer shall
 2223 | take into custody the person named in the certificate and
 2224 | deliver him or her to the appropriate, or nearest, facility
 2225 | within the designated receiving system pursuant to s. 394.462

2226 for involuntary examination. The law enforcement officer shall
2227 execute a written report detailing the circumstances under which
2228 the person was taken into custody. The report and certificate
2229 shall be made a part of the patient's clinical record. Any
2230 facility accepting the patient based on this certificate must
2231 send a copy of the certificate to the department the next
2232 working day. The document may be submitted electronically
2233 through existing data systems, if applicable.

2234 (f) A patient shall be examined by a physician, physician
2235 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2236 performing within the framework of an established protocol with
2237 a psychiatrist, at a facility without unnecessary delay to
2238 determine if the criteria for involuntary services are met.
2239 Emergency treatment may be provided upon the order of a
2240 physician if the physician determines that such treatment is
2241 necessary for the safety of the patient or others. The patient
2242 may not be released by the receiving facility or its contractor
2243 without the documented approval of a psychiatrist or a clinical
2244 psychologist or, if the receiving facility is owned or operated
2245 by a hospital or health system, the release may also be approved
2246 by a psychiatric nurse performing within the framework of an
2247 established protocol with a psychiatrist, or an attending
2248 emergency department physician with experience in the diagnosis
2249 and treatment of mental illness after completion of an
2250 involuntary examination pursuant to this subsection. A

2251 psychiatric nurse may not approve the release of a patient if
 2252 the involuntary examination was initiated by a psychiatrist
 2253 unless the release is approved by the initiating psychiatrist.

2254 Section 27. Paragraph (b) of subsection (2) of section
 2255 395.0191, Florida Statutes, is amended to read:

2256 395.0191 Staff membership and clinical privileges.—

2257 (2)

2258 (b) An advanced practice registered nurse who is certified
 2259 as a registered nurse anesthetist licensed under part I of
 2260 chapter 464 shall administer anesthesia under the onsite medical
 2261 direction of a professional licensed under chapter 458, chapter
 2262 459, or chapter 466, and in accordance with an established
 2263 protocol approved by the medical staff. The medical direction
 2264 shall specifically address the needs of the individual patient.
 2265 This paragraph does not apply to a certified registered nurse
 2266 anesthetist engaged in autonomous practice under s. 464.0123.

2267 Section 28. Subsection (3) of section 395.602, Florida
 2268 Statutes, is amended to read:

2269 395.602 Rural hospitals.—

2270 (3) USE OF FUNDS.—It is the intent of the Legislature that
 2271 funds as appropriated shall be utilized by the department for
 2272 the purpose of increasing the number of primary care physicians,
 2273 autonomous physician assistants, physician assistants, certified
 2274 nurse midwives, nurse practitioners, and nurses in rural areas,
 2275 either through the Medical Education Reimbursement and Loan

2276 Repayment Program as defined by s. 1009.65 or through a federal
 2277 loan repayment program which requires state matching funds. The
 2278 department may use funds appropriated for the Medical Education
 2279 Reimbursement and Loan Repayment Program as matching funds for
 2280 federal loan repayment programs for health care personnel, such
 2281 as that authorized in Pub. L. No. 100-177, s. 203. If the
 2282 department receives federal matching funds, the department shall
 2283 only implement the federal program. Reimbursement through either
 2284 program shall be limited to:

2285 (a) Primary care physicians, autonomous physician
 2286 assistants, physician assistants, certified nurse midwives,
 2287 nurse practitioners, and nurses employed by or affiliated with
 2288 rural hospitals, as defined in this act; and

2289 (b) Primary care physicians, autonomous physician
 2290 assistants, physician assistants, certified nurse midwives,
 2291 nurse practitioners, and nurses employed by or affiliated with
 2292 rural area health education centers, as defined in this section.
 2293 These personnel shall practice:

2294 1. In a county with a population density of no greater
 2295 than 100 persons per square mile; or

2296 2. Within the boundaries of a hospital tax district which
 2297 encompasses a population of no greater than 100 persons per
 2298 square mile.

2299
 2300 If the department administers a federal loan repayment program,

2301 priority shall be given to obligating state and federal matching
2302 funds pursuant to paragraphs (a) and (b). The department may use
2303 federal matching funds in other health workforce shortage areas
2304 and medically underserved areas in the state for loan repayment
2305 programs for primary care physicians, autonomous physician
2306 assistants, physician assistants, certified nurse midwives,
2307 nurse practitioners, and nurses who are employed by publicly
2308 financed health care programs that serve medically indigent
2309 persons.

2310 Section 29. Paragraph (a) of subsection (2) of section
2311 397.501, Florida Statutes, is amended to read:

2312 397.501 Rights of individuals.—Individuals receiving
2313 substance abuse services from any service provider are
2314 guaranteed protection of the rights specified in this section,
2315 unless otherwise expressly provided, and service providers must
2316 ensure the protection of such rights.

2317 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2318 (a) Service providers may not deny an individual access to
2319 substance abuse services solely on the basis of race, gender,
2320 ethnicity, age, sexual preference, human immunodeficiency virus
2321 status, prior service departures against medical advice,
2322 disability, or number of relapse episodes. Service providers may
2323 not deny an individual who takes medication prescribed by a
2324 physician, autonomous physician assistant, physician assistant,
2325 or advanced practice registered nurse access to substance abuse

2326 services solely on that basis. Service providers who receive
2327 state funds to provide substance abuse services may not, if
2328 space and sufficient state resources are available, deny access
2329 to services based solely on inability to pay.

2330 Section 30. Section 397.679, Florida Statutes, is amended
2331 to read:

2332 397.679 Emergency admission; circumstances justifying.—A
2333 person who meets the criteria for involuntary admission in s.
2334 397.675 may be admitted to a hospital or to a licensed
2335 detoxification facility or addictions receiving facility for
2336 emergency assessment and stabilization, or to a less intensive
2337 component of a licensed service provider for assessment only,
2338 upon receipt by the facility of a certificate by a physician, an
2339 advanced practice registered nurse, a psychiatric nurse, a
2340 clinical psychologist, a clinical social worker, a marriage and
2341 family therapist, a mental health counselor, an autonomous
2342 physician assistant, a physician assistant working under the
2343 scope of practice of the supervising physician, or a master's-
2344 level-certified addictions professional for substance abuse
2345 services, if the certificate is specific to substance abuse
2346 impairment, and the completion of an application for emergency
2347 admission.

2348 Section 31. Subsection (1) of section 397.6793, Florida
2349 Statutes, is amended to read:

2350 397.6793 Professional's certificate for emergency

2351 admission.—

2352 (1) A physician, a clinical psychologist, a physician
2353 assistant working under the scope of practice of the supervising
2354 physician, an autonomous physician assistant, a psychiatric
2355 nurse, an advanced practice registered nurse, a mental health
2356 counselor, a marriage and family therapist, a master's-level-
2357 certified addictions professional for substance abuse services,
2358 or a clinical social worker may execute a professional's
2359 certificate for emergency admission. The professional's
2360 certificate must include the name of the person to be admitted,
2361 the relationship between the person and the professional
2362 executing the certificate, the relationship between the
2363 applicant and the professional, any relationship between the
2364 professional and the licensed service provider, a statement that
2365 the person has been examined and assessed within the preceding 5
2366 days after the application date, and factual allegations with
2367 respect to the need for emergency admission, including:

2368 (a) The reason for the belief that the person is substance
2369 abuse impaired;

2370 (b) The reason for the belief that because of such
2371 impairment the person has lost the power of self-control with
2372 respect to substance abuse; and

2373 (c)1. The reason for the belief that, without care or
2374 treatment, the person is likely to suffer from neglect or refuse
2375 to care for himself or herself; that such neglect or refusal

2376 | poses a real and present threat of substantial harm to his or
 2377 | her well-being; and that it is not apparent that such harm may
 2378 | be avoided through the help of willing family members or friends
 2379 | or the provision of other services, or there is substantial
 2380 | likelihood that the person has inflicted or, unless admitted, is
 2381 | likely to inflict, physical harm on himself, herself, or
 2382 | another; or

2383 | 2. The reason for the belief that the person's refusal to
 2384 | voluntarily receive care is based on judgment so impaired by
 2385 | reason of substance abuse that the person is incapable of
 2386 | appreciating his or her need for care and of making a rational
 2387 | decision regarding his or her need for care.

2388 | Section 32. Subsection (8) of section 400.021, Florida
 2389 | Statutes, is amended to read:

2390 | 400.021 Definitions.—When used in this part, unless the
 2391 | context otherwise requires, the term:

2392 | (8) "Geriatric outpatient clinic" means a site for
 2393 | providing outpatient health care to persons 60 years of age or
 2394 | older, which is staffed by a registered nurse, a physician
 2395 | assistant, or a licensed practical nurse under the direct
 2396 | supervision of a registered nurse, advanced practice registered
 2397 | nurse, physician assistant, autonomous physician assistant, or
 2398 | physician.

2399 | Section 33. Subsection (3) of section 400.172, Florida
 2400 | Statutes, is amended to read:

2401 400.172 Respite care provided in nursing home facilities.—

2402 (3) A prospective respite care resident must provide
2403 medical information from a physician, autonomous physician
2404 assistant, physician assistant, or nurse practitioner and any
2405 other information provided by the primary caregiver required by
2406 the facility before or when the person is admitted to receive
2407 respite care. The medical information must include a physician's
2408 order for respite care and proof of a physical examination by a
2409 licensed physician, autonomous physician assistant, physician
2410 assistant, or nurse practitioner. The physician's order and
2411 physical examination may be used to provide intermittent respite
2412 care for up to 12 months after the date the order is written.

2413 Section 34. Subsection (2) of section 400.487, Florida
2414 Statutes, is amended to read:

2415 400.487 Home health service agreements; physician's,
2416 physician assistant's, autonomous physician assistant's, and
2417 advanced practice registered nurse's treatment orders; patient
2418 assessment; establishment and review of plan of care; provision
2419 of services; orders not to resuscitate.—

2420 (2) When required by the provisions of chapter 464; part
2421 I, part III, or part V of chapter 468; or chapter 486, the
2422 attending physician, autonomous physician assistant, physician
2423 assistant, or advanced practice registered nurse, acting within
2424 his or her respective scope of practice, shall establish
2425 treatment orders for a patient who is to receive skilled care.

2426 The treatment orders must be signed by the physician, autonomous
2427 physician assistant, physician assistant, or advanced practice
2428 registered nurse before a claim for payment for the skilled
2429 services is submitted by the home health agency. If the claim is
2430 submitted to a managed care organization, the treatment orders
2431 must be signed within the time allowed under the provider
2432 agreement. The treatment orders shall be reviewed, as frequently
2433 as the patient's illness requires, by the physician, autonomous
2434 physician assistant, physician assistant, or advanced practice
2435 registered nurse in consultation with the home health agency.

2436 Section 35. Paragraph (a) of subsection (13) of section
2437 400.506, Florida Statutes, is amended to read:

2438 400.506 Licensure of nurse registries; requirements;
2439 penalties.—

2440 (13) All persons referred for contract in private
2441 residences by a nurse registry must comply with the following
2442 requirements for a plan of treatment:

2443 (a) When, in accordance with the privileges and
2444 restrictions imposed upon a nurse under part I of chapter 464,
2445 the delivery of care to a patient is under the direction or
2446 supervision of a physician or when a physician is responsible
2447 for the medical care of the patient, a medical plan of treatment
2448 must be established for each patient receiving care or treatment
2449 provided by a licensed nurse in the home. The original medical
2450 plan of treatment must be timely signed by the physician,

2451 autonomous physician assistant, physician assistant, or advanced
2452 practice registered nurse, acting within his or her respective
2453 scope of practice, and reviewed in consultation with the
2454 licensed nurse at least every 2 months. Any additional order or
2455 change in orders must be obtained from the physician, autonomous
2456 physician assistant, physician assistant, or advanced practice
2457 registered nurse and reduced to writing and timely signed by the
2458 physician, autonomous physician assistant, physician assistant,
2459 or advanced practice registered nurse. The delivery of care
2460 under a medical plan of treatment must be substantiated by the
2461 appropriate nursing notes or documentation made by the nurse in
2462 compliance with nursing practices established under part I of
2463 chapter 464.

2464 Section 36. Subsection (5) and paragraph (b) of subsection
2465 (7) of section 400.9973, Florida Statutes, are amended to read:

2466 400.9973 Client admission, transfer, and discharge.—

2467 (5) A client admitted to a transitional living facility
2468 must be admitted upon prescription by a licensed physician,
2469 autonomous physician assistant, physician assistant, or advanced
2470 practice registered nurse and must remain under the care of a
2471 licensed physician, autonomous physician assistant, physician
2472 assistant, or advanced practice registered nurse for the
2473 duration of the client's stay in the facility.

2474 (7) A person may not be admitted to a transitional living
2475 facility if the person:

2476 (b) Is a danger to himself or herself or others as
 2477 determined by a physician, autonomous physician assistant,
 2478 physician assistant, advanced practice registered nurse, or a
 2479 mental health practitioner licensed under chapter 490 or chapter
 2480 491, unless the facility provides adequate staffing and support
 2481 to ensure patient safety;

2482 Section 37. Paragraphs (a) and (b) of subsection (2) of
 2483 section 400.9974, Florida Statutes, are amended to read:

2484 400.9974 Client comprehensive treatment plans; client
 2485 services.—

2486 (2) The comprehensive treatment plan must include:

2487 (a) Orders obtained from the physician, autonomous
 2488 physician assistant, physician assistant, or advanced practice
 2489 registered nurse and the client's diagnosis, medical history,
 2490 physical examination, and rehabilitative or restorative needs.

2491 (b) A preliminary nursing evaluation, including orders for
 2492 immediate care provided by the physician, autonomous physician
 2493 assistant, physician assistant, or advanced practice registered
 2494 nurse, which shall be completed when the client is admitted.

2495 Section 38. Section 400.9976, Florida Statutes, is amended
 2496 to read:

2497 400.9976 Administration of medication.—

2498 (1) An individual medication administration record must be
 2499 maintained for each client. A dose of medication, including a
 2500 self-administered dose, shall be properly recorded in the

2501 client's record. A client who self-administers medication shall
2502 be given a pill organizer. Medication must be placed in the pill
2503 organizer by a nurse. A nurse shall document the date and time
2504 that medication is placed into each client's pill organizer. All
2505 medications must be administered in compliance with orders of a
2506 physician, autonomous physician assistant, physician assistant,
2507 or advanced practice registered nurse.

2508 (2) If an interdisciplinary team determines that self-
2509 administration of medication is an appropriate objective, and if
2510 the physician, autonomous physician assistant, physician
2511 assistant, or advanced practice registered nurse does not
2512 specify otherwise, the client must be instructed by the
2513 physician, autonomous physician assistant, physician assistant,
2514 or advanced practice registered nurse to self-administer his or
2515 her medication without the assistance of a staff person. All
2516 forms of self-administration of medication, including
2517 administration orally, by injection, and by suppository, shall
2518 be included in the training. The client's physician, autonomous
2519 physician assistant, physician assistant, or advanced practice
2520 registered nurse must be informed of the interdisciplinary
2521 team's decision that self-administration of medication is an
2522 objective for the client. A client may not self-administer
2523 medication until he or she demonstrates the competency to take
2524 the correct medication in the correct dosage at the correct
2525 time, to respond to missed doses, and to contact the appropriate

2526 person with questions.

2527 (3) Medication administration discrepancies and adverse
2528 drug reactions must be recorded and reported immediately to a
2529 physician, autonomous physician assistant, physician assistant,
2530 or advanced practice registered nurse.

2531 Section 39. Subsections (2) through (5) of section
2532 400.9979, Florida Statutes, are amended to read:

2533 400.9979 Restraint and seclusion; client safety.—

2534 (2) The use of physical restraints must be ordered and
2535 documented by a physician, autonomous physician assistant,
2536 physician assistant, or advanced practice registered nurse and
2537 must be consistent with the policies and procedures adopted by
2538 the facility. The client or, if applicable, the client's
2539 representative shall be informed of the facility's physical
2540 restraint policies and procedures when the client is admitted.

2541 (3) The use of chemical restraints shall be limited to
2542 prescribed dosages of medications as ordered by a physician,
2543 autonomous physician assistant, physician assistant, or advanced
2544 practice registered nurse and must be consistent with the
2545 client's diagnosis and the policies and procedures adopted by
2546 the facility. The client and, if applicable, the client's
2547 representative shall be informed of the facility's chemical
2548 restraint policies and procedures when the client is admitted.

2549 (4) Based on the assessment by a physician, autonomous
2550 physician assistant, physician assistant, or advanced practice

2551 registered nurse, if a client exhibits symptoms that present an
2552 immediate risk of injury or death to himself or herself or
2553 others, a physician, physician assistant, or advanced practice
2554 registered nurse may issue an emergency treatment order to
2555 immediately administer rapid-response psychotropic medications
2556 or other chemical restraints. Each emergency treatment order
2557 must be documented and maintained in the client's record.

2558 (a) An emergency treatment order is not effective for more
2559 than 24 hours.

2560 (b) Whenever a client is medicated under this subsection,
2561 the client's representative or a responsible party and the
2562 client's physician, autonomous physician assistant, physician
2563 assistant, or advanced practice registered nurse shall be
2564 notified as soon as practicable.

2565 (5) A client who is prescribed and receives a medication
2566 that can serve as a chemical restraint for a purpose other than
2567 an emergency treatment order must be evaluated by his or her
2568 physician, autonomous physician assistant, physician assistant,
2569 or advanced practice registered nurse at least monthly to
2570 assess:

2571 (a) The continued need for the medication.

2572 (b) The level of the medication in the client's blood.

2573 (c) The need for adjustments to the prescription.

2574 Section 40. Subsections (1) and (2) of section 401.445,
2575 Florida Statutes, are amended to read:

2576 401.445 Emergency examination and treatment of
2577 incapacitated persons.—

2578 (1) No recovery shall be allowed in any court in this
2579 state against any emergency medical technician, paramedic, or
2580 physician as defined in this chapter, any advanced practice
2581 registered nurse licensed under s. 464.012, or any autonomous
2582 physician assistant or physician assistant registered or
2583 licensed under s. 458.347 or s. 459.022, or any person acting
2584 under the direct medical supervision of a physician, in an
2585 action brought for examining or treating a patient without his
2586 or her informed consent if:

2587 (a) The patient at the time of examination or treatment is
2588 intoxicated, under the influence of drugs, or otherwise
2589 incapable of providing informed consent as provided in s.
2590 766.103;

2591 (b) The patient at the time of examination or treatment is
2592 experiencing an emergency medical condition; and

2593 (c) The patient would reasonably, under all the
2594 surrounding circumstances, undergo such examination, treatment,
2595 or procedure if he or she were advised by the emergency medical
2596 technician, paramedic, physician, advanced practice registered
2597 nurse, autonomous physician assistant, or physician assistant in
2598 accordance with s. 766.103(3).

2599
2600 Examination and treatment provided under this subsection shall

2601 be limited to reasonable examination of the patient to determine
2602 the medical condition of the patient and treatment reasonably
2603 necessary to alleviate the emergency medical condition or to
2604 stabilize the patient.

2605 (2) In examining and treating a person who is apparently
2606 intoxicated, under the influence of drugs, or otherwise
2607 incapable of providing informed consent, the emergency medical
2608 technician, paramedic, physician, advanced practice registered
2609 nurse, autonomous physician assistant, or physician assistant,
2610 or any person acting under the direct medical supervision of a
2611 physician, shall proceed wherever possible with the consent of
2612 the person. If the person reasonably appears to be incapacitated
2613 and refuses his or her consent, the person may be examined,
2614 treated, or taken to a hospital or other appropriate treatment
2615 resource if he or she is in need of emergency attention, without
2616 his or her consent, but unreasonable force shall not be used.

2617 Section 41. Subsection (18) of section 409.906, Florida
2618 Statutes, is amended to read:

2619 409.906 Optional Medicaid services.—Subject to specific
2620 appropriations, the agency may make payments for services which
2621 are optional to the state under Title XIX of the Social Security
2622 Act and are furnished by Medicaid providers to recipients who
2623 are determined to be eligible on the dates on which the services
2624 were provided. Any optional service that is provided shall be
2625 provided only when medically necessary and in accordance with

2626 state and federal law. Optional services rendered by providers
2627 in mobile units to Medicaid recipients may be restricted or
2628 prohibited by the agency. Nothing in this section shall be
2629 construed to prevent or limit the agency from adjusting fees,
2630 reimbursement rates, lengths of stay, number of visits, or
2631 number of services, or making any other adjustments necessary to
2632 comply with the availability of moneys and any limitations or
2633 directions provided for in the General Appropriations Act or
2634 chapter 216. If necessary to safeguard the state's systems of
2635 providing services to elderly and disabled persons and subject
2636 to the notice and review provisions of s. 216.177, the Governor
2637 may direct the Agency for Health Care Administration to amend
2638 the Medicaid state plan to delete the optional Medicaid service
2639 known as "Intermediate Care Facilities for the Developmentally
2640 Disabled." Optional services may include:

2641 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
2642 all services provided to a recipient by an autonomous physician
2643 assistant or a physician assistant registered or licensed under
2644 s. 458.347 or s. 459.022. Reimbursement for such services must
2645 be not less than 80 percent of the reimbursement that would be
2646 paid to a physician who provided the same services.

2647 Section 42. Paragraph (m) of subsection (3) of section
2648 409.908, Florida Statutes, is amended to read:

2649 409.908 Reimbursement of Medicaid providers.—Subject to
2650 specific appropriations, the agency shall reimburse Medicaid

2651 providers, in accordance with state and federal law, according
2652 to methodologies set forth in the rules of the agency and in
2653 policy manuals and handbooks incorporated by reference therein.
2654 These methodologies may include fee schedules, reimbursement
2655 methods based on cost reporting, negotiated fees, competitive
2656 bidding pursuant to s. 287.057, and other mechanisms the agency
2657 considers efficient and effective for purchasing services or
2658 goods on behalf of recipients. If a provider is reimbursed based
2659 on cost reporting and submits a cost report late and that cost
2660 report would have been used to set a lower reimbursement rate
2661 for a rate semester, then the provider's rate for that semester
2662 shall be retroactively calculated using the new cost report, and
2663 full payment at the recalculated rate shall be effected
2664 retroactively. Medicare-granted extensions for filing cost
2665 reports, if applicable, shall also apply to Medicaid cost
2666 reports. Payment for Medicaid compensable services made on
2667 behalf of Medicaid eligible persons is subject to the
2668 availability of moneys and any limitations or directions
2669 provided for in the General Appropriations Act or chapter 216.
2670 Further, nothing in this section shall be construed to prevent
2671 or limit the agency from adjusting fees, reimbursement rates,
2672 lengths of stay, number of visits, or number of services, or
2673 making any other adjustments necessary to comply with the
2674 availability of moneys and any limitations or directions
2675 provided for in the General Appropriations Act, provided the

2676 adjustment is consistent with legislative intent.

2677 (3) Subject to any limitations or directions provided for
 2678 in the General Appropriations Act, the following Medicaid
 2679 services and goods may be reimbursed on a fee-for-service basis.
 2680 For each allowable service or goods furnished in accordance with
 2681 Medicaid rules, policy manuals, handbooks, and state and federal
 2682 law, the payment shall be the amount billed by the provider, the
 2683 provider's usual and customary charge, or the maximum allowable
 2684 fee established by the agency, whichever amount is less, with
 2685 the exception of those services or goods for which the agency
 2686 makes payment using a methodology based on capitation rates,
 2687 average costs, or negotiated fees.

2688 (m) Autonomous physician assistant and physician assistant
 2689 services.

2690 Section 43. Paragraphs (c) through (cc) of subsection (1)
 2691 of section 409.973, Florida Statutes, are redesignated as
 2692 paragraphs (d) through (dd), respectively, and a new paragraph
 2693 (c) is added to that subsection to read:

2694 409.973 Benefits.—

2695 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 2696 minimum, the following services:

2697 (c) Autonomous physician assistant services.

2698 Section 44. Subsections (2), (4), and (5) of section
 2699 429.26, Florida Statutes, are amended to read:

2700 429.26 Appropriateness of placements; examinations of

2701 residents.—

2702 (2) A physician, autonomous physician assistant, physician
2703 assistant, or nurse practitioner who is employed by an assisted
2704 living facility to provide an initial examination for admission
2705 purposes may not have financial interest in the facility.

2706 (4) If possible, each resident shall have been examined by
2707 a licensed physician, an autonomous physician assistant, a
2708 licensed physician assistant, or a licensed nurse practitioner
2709 within 60 days before admission to the facility. The signed and
2710 completed medical examination report shall be submitted to the
2711 owner or administrator of the facility who shall use the
2712 information contained therein to assist in the determination of
2713 the appropriateness of the resident's admission and continued
2714 stay in the facility. The medical examination report shall
2715 become a permanent part of the record of the resident at the
2716 facility and shall be made available to the agency during
2717 inspection or upon request. An assessment that has been
2718 completed through the Comprehensive Assessment and Review for
2719 Long-Term Care Services (CARES) Program fulfills the
2720 requirements for a medical examination under this subsection and
2721 s. 429.07(3)(b)6.

2722 (5) Except as provided in s. 429.07, if a medical
2723 examination has not been completed within 60 days before the
2724 admission of the resident to the facility, a licensed physician,
2725 a registered autonomous physician assistant, a licensed

2726 physician assistant, or a licensed nurse practitioner shall
 2727 examine the resident and complete a medical examination form
 2728 provided by the agency within 30 days following the admission to
 2729 the facility to enable the facility owner or administrator to
 2730 determine the appropriateness of the admission. The medical
 2731 examination form shall become a permanent part of the record of
 2732 the resident at the facility and shall be made available to the
 2733 agency during inspection by the agency or upon request.

2734 Section 45. Paragraph (a) of subsection (2) and paragraph
 2735 (a) of subsection (7) of section 429.918, Florida Statutes, are
 2736 amended to read:

2737 429.918 Licensure designation as a specialized Alzheimer's
 2738 services adult day care center.—

2739 (2) As used in this section, the term:

2740 (a) "ADRD participant" means a participant who has a
 2741 documented diagnosis of Alzheimer's disease or a dementia-
 2742 related disorder (ADRD) from a licensed physician, a registered
 2743 autonomous physician assistant, a licensed physician assistant,
 2744 or a licensed advanced practice registered nurse.

2745 (7) (a) An ADRD participant admitted to an adult day care
 2746 center having a license designated under this section, or the
 2747 caregiver when applicable, must:

2748 1. Require ongoing supervision to maintain the highest
 2749 level of medical or custodial functioning and have a
 2750 demonstrated need for a responsible party to oversee his or her

2751 care.

2752 2. Not actively demonstrate aggressive behavior that
2753 places himself, herself, or others at risk of harm.

2754 3. Provide the following medical documentation signed by a
2755 licensed physician, a registered autonomous physician assistant,
2756 a licensed physician assistant, or a licensed advanced practice
2757 registered nurse:

2758 a. Any physical, health, or emotional conditions that
2759 require medical care.

2760 b. A listing of the ADRD participant's current prescribed
2761 and over-the-counter medications and dosages, diet restrictions,
2762 mobility restrictions, and other physical limitations.

2763 4. Provide documentation signed by a health care provider
2764 licensed in this state which indicates that the ADRD participant
2765 is free of the communicable form of tuberculosis and free of
2766 signs and symptoms of other communicable diseases.

2767 Section 46. Paragraph (e) of subsection (5) of section
2768 440.102, Florida Statutes, is amended to read:

2769 440.102 Drug-free workplace program requirements.—The
2770 following provisions apply to a drug-free workplace program
2771 implemented pursuant to law or to rules adopted by the Agency
2772 for Health Care Administration:

2773 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2774 collection and testing for drugs under this section shall be
2775 performed in accordance with the following procedures:

2776 (e) A specimen for a drug test may be taken or collected
 2777 by any of the following persons:

2778 1. A physician, an autonomous physician assistant, a
 2779 physician assistant, a registered professional nurse, a licensed
 2780 practical nurse, or a nurse practitioner or a certified
 2781 paramedic who is present at the scene of an accident for the
 2782 purpose of rendering emergency medical service or treatment.

2783 2. A qualified person employed by a licensed or certified
 2784 laboratory as described in subsection (9).

2785 Section 47. Paragraphs (a), (i), (o), and (r) of
 2786 subsection (3) and paragraph (g) of subsection (5) of section
 2787 456.053, Florida Statutes, are amended to read:

2788 456.053 Financial arrangements between referring health
 2789 care providers and providers of health care services.—

2790 (3) DEFINITIONS.—For the purpose of this section, the
 2791 word, phrase, or term:

2792 (a) "Board" means any of the following boards relating to
 2793 the respective professions: the Board of Medicine as created in
 2794 s. 458.307; the Board of Osteopathic Medicine as created in s.
 2795 459.004; the Board of Chiropractic Medicine as created in s.
 2796 460.404; the Board of Podiatric Medicine as created in s.
 2797 461.004; the Board of Optometry as created in s. 463.003; the
 2798 Board of Nursing as created in s. 464.004; the Board of Pharmacy
 2799 as created in s. 465.004; and the Board of Dentistry as created
 2800 in s. 466.004.

2801 (i) "Health care provider" means a ~~any~~ physician licensed
 2802 under chapter 458, chapter 459, chapter 460, or chapter 461; an
 2803 advanced practice registered nurse registered to engage in
 2804 autonomous practice pursuant to s. 464.0123; an autonomous
 2805 physician assistant registered under s. 458.347(8) or s.
 2806 459.022(8);~~T~~ or any health care provider licensed under chapter
 2807 463 or chapter 466.

2808 (o) "Referral" means any referral of a patient by a health
 2809 care provider for health care services, including, without
 2810 limitation:

2811 1. The forwarding of a patient by a health care provider
 2812 to another health care provider or to an entity which provides
 2813 or supplies designated health services or any other health care
 2814 item or service; or

2815 2. The request or establishment of a plan of care by a
 2816 health care provider, which includes the provision of designated
 2817 health services or other health care item or service.

2818 3. The following orders, recommendations, or plans of care
 2819 shall not constitute a referral by a health care provider:

2820 a. By a radiologist for diagnostic-imaging services.

2821 b. By a physician specializing in the provision of
 2822 radiation therapy services for such services.

2823 c. By a medical oncologist for drugs and solutions to be
 2824 prepared and administered intravenously to such oncologist's
 2825 patient, as well as for the supplies and equipment used in

2826 | connection therewith to treat such patient for cancer and the
 2827 | complications thereof.

2828 | d. By a cardiologist for cardiac catheterization services.

2829 | e. By a pathologist for diagnostic clinical laboratory
 2830 | tests and pathological examination services, if furnished by or
 2831 | under the supervision of such pathologist pursuant to a
 2832 | consultation requested by another physician.

2833 | f. By a health care provider who is the sole provider or
 2834 | member of a group practice for designated health services or
 2835 | other health care items or services that are prescribed or
 2836 | provided solely for such referring health care provider's or
 2837 | group practice's own patients, and that are provided or
 2838 | performed by or under the direct supervision of such referring
 2839 | health care provider or group practice; provided, however, ~~that~~
 2840 | ~~effective July 1, 1999,~~ a health care provider ~~physician~~
 2841 | ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
 2842 | ~~chapter 461~~ may refer a patient to a sole provider or group
 2843 | practice for diagnostic imaging services, excluding radiation
 2844 | therapy services, for which the sole provider or group practice
 2845 | billed both the technical and the professional fee for or on
 2846 | behalf of the patient, if the referring health care provider
 2847 | ~~physician~~ has no investment interest in the practice. The
 2848 | diagnostic imaging service referred to a group practice or sole
 2849 | provider must be a diagnostic imaging service normally provided
 2850 | within the scope of practice to the patients of the group

2851 practice or sole provider. The group practice or sole provider
2852 may accept no more than 15 percent of their patients receiving
2853 diagnostic imaging services from outside referrals, excluding
2854 radiation therapy services.

2855 g. By a health care provider for services provided by an
2856 ambulatory surgical center licensed under chapter 395.

2857 h. By a urologist for lithotripsy services.

2858 i. By a dentist for dental services performed by an
2859 employee of or health care provider who is an independent
2860 contractor with the dentist or group practice of which the
2861 dentist is a member.

2862 j. By a physician for infusion therapy services to a
2863 patient of that physician or a member of that physician's group
2864 practice.

2865 k. By a nephrologist for renal dialysis services and
2866 supplies, except laboratory services.

2867 l. By a health care provider whose principal professional
2868 practice consists of treating patients in their private
2869 residences for services to be rendered in such private
2870 residences, except for services rendered by a home health agency
2871 licensed under chapter 400. For purposes of this sub-
2872 subparagraph, the term "private residences" includes patients'
2873 private homes, independent living centers, and assisted living
2874 facilities, but does not include skilled nursing facilities.

2875 m. By a health care provider for sleep-related testing.

2876 (r) "Sole provider" means one health care provider
 2877 licensed under chapter 458, chapter 459, chapter 460, or chapter
 2878 461, or registered under s. 464.0123, who maintains a separate
 2879 medical office and a medical practice separate from any other
 2880 health care provider and who bills for his or her services
 2881 separately from the services provided by any other health care
 2882 provider. A sole provider shall not share overhead expenses or
 2883 professional income with any other person or group practice.

2884 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
 2885 provided in this section:

2886 (g) A violation of this section by a health care provider
 2887 shall constitute grounds for disciplinary action to be taken by
 2888 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
 2889 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
 2890 466.028(2). Any hospital licensed under chapter 395 found in
 2891 violation of this section shall be subject to s. 395.0185(2).

2892 Section 48. Subsection (7) of section 456.072, Florida
 2893 Statutes, is amended to read:

2894 456.072 Grounds for discipline; penalties; enforcement.—

2895 (7) Notwithstanding subsection (2), upon a finding that a
 2896 physician or autonomous physician assistant has prescribed or
 2897 dispensed a controlled substance, or caused a controlled
 2898 substance to be prescribed or dispensed, in a manner that
 2899 violates the standard of practice set forth in s. 458.331(1)(q)
 2900 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.

2901 466.028(1)(p) or (x), or that an advanced practice registered
 2902 nurse has prescribed or dispensed a controlled substance, or
 2903 caused a controlled substance to be prescribed or dispensed, in
 2904 a manner that violates the standard of practice set forth in s.
 2905 464.018(1)(n) or (p)6., the physician, autonomous physician
 2906 assistant, or advanced practice registered nurse shall be
 2907 suspended for a period of not less than 6 months and pay a fine
 2908 of not less than \$10,000 per count. Repeated violations shall
 2909 result in increased penalties.

2910 Section 49. Paragraph (h) of subsection (1) and subsection
 2911 (2) of section 456.44, Florida Statutes, are amended to read:

2912 456.44 Controlled substance prescribing.—

2913 (1) DEFINITIONS.—As used in this section, the term:

2914 (h) "Registrant" means a physician, an autonomous
 2915 physician assistant, a physician assistant, or an advanced
 2916 practice registered nurse who meets the requirements of
 2917 subsection (2).

2918 (2) REGISTRATION.—A physician licensed under chapter 458,
 2919 chapter 459, chapter 461, or chapter 466, an autonomous
 2920 physician assistant or a physician assistant registered or
 2921 licensed under chapter 458 or chapter 459, or an advanced
 2922 practice registered nurse licensed under part I of chapter 464
 2923 who prescribes any controlled substance, listed in Schedule II,
 2924 Schedule III, or Schedule IV as defined in s. 893.03, for the
 2925 treatment of chronic nonmalignant pain, must:

2926 (a) Designate himself or herself as a controlled substance
 2927 prescribing practitioner on his or her practitioner profile.

2928 (b) Comply with the requirements of this section and
 2929 applicable board rules.

2930 Section 50. Paragraph (c) of subsection (3) of section
 2931 458.3265, Florida Statutes, is amended to read:

2932 458.3265 Pain-management clinics.—

2933 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 2934 apply to any physician who provides professional services in a
 2935 pain-management clinic that is required to be registered in
 2936 subsection (1).

2937 (c) A physician, an autonomous physician assistant, a
 2938 physician assistant, or an advanced practice registered nurse
 2939 must perform a physical examination of a patient on the same day
 2940 that the physician prescribes a controlled substance to a
 2941 patient at a pain-management clinic. If the physician prescribes
 2942 more than a 72-hour dose of controlled substances for the
 2943 treatment of chronic nonmalignant pain, the physician must
 2944 document in the patient's record the reason for prescribing that
 2945 quantity.

2946 Section 51. Paragraph (ii) of subsection (1) and
 2947 subsection (10) of section 458.331, Florida Statutes, are
 2948 amended to read:

2949 458.331 Grounds for disciplinary action; action by the
 2950 board and department.—

2951 (1) The following acts constitute grounds for denial of a
2952 license or disciplinary action, as specified in s. 456.072(2):

2953 (ii) Failing to report to the department any licensee
2954 under this chapter or under chapter 459 who the physician,
2955 autonomous physician assistant, or physician assistant knows has
2956 violated the grounds for disciplinary action set out in the law
2957 under which that person is licensed and who provides health care
2958 services in a facility licensed under chapter 395, or a health
2959 maintenance organization certificated under part I of chapter
2960 641, in which the physician, autonomous physician assistant, or
2961 physician assistant also provides services.

2962 (10) A probable cause panel convened to consider
2963 disciplinary action against an autonomous physician assistant or
2964 a physician assistant alleged to have violated s. 456.072 or
2965 this section must include one physician assistant. The physician
2966 assistant must hold a valid license to practice as a physician
2967 assistant in this state and be appointed to the panel by the
2968 Council of Physician Assistants. The physician assistant may
2969 hear only cases involving disciplinary actions against a
2970 physician assistant. If the appointed physician assistant is not
2971 present at the disciplinary hearing, the panel may consider the
2972 matter and vote on the case in the absence of the physician
2973 assistant. The training requirements set forth in s. 458.307(4)
2974 do not apply to the appointed physician assistant. Rules need
2975 not be adopted to implement this subsection.

2976 Section 52. Paragraph (c) of subsection (3) of section
 2977 459.0137, Florida Statutes, is amended to read:

2978 459.0137 Pain-management clinics.—

2979 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 2980 apply to any osteopathic physician who provides professional
 2981 services in a pain-management clinic that is required to be
 2982 registered in subsection (1).

2983 (c) An osteopathic physician, an autonomous physician
 2984 assistant, a physician assistant, or an advanced practice
 2985 registered nurse must perform a physical examination of a
 2986 patient on the same day that the physician prescribes a
 2987 controlled substance to a patient at a pain-management clinic.
 2988 If the osteopathic physician prescribes more than a 72-hour dose
 2989 of controlled substances for the treatment of chronic
 2990 nonmalignant pain, the osteopathic physician must document in
 2991 the patient's record the reason for prescribing that quantity.

2992 Section 53. Paragraph (11) of subsection (1) and
 2993 subsection (10) of section 459.015, Florida Statutes, are
 2994 amended to read:

2995 459.015 Grounds for disciplinary action; action by the
 2996 board and department.—

2997 (1) The following acts constitute grounds for denial of a
 2998 license or disciplinary action, as specified in s. 456.072(2):

2999 (11) Failing to report to the department any licensee
 3000 under chapter 458 or under this chapter who the osteopathic

3001 physician, autonomous physician assistant, or physician
3002 assistant knows has violated the grounds for disciplinary action
3003 set out in the law under which that person is licensed and who
3004 provides health care services in a facility licensed under
3005 chapter 395, or a health maintenance organization certificated
3006 under part I of chapter 641, in which the osteopathic physician,
3007 autonomous physician assistant, or physician assistant also
3008 provides services.

3009 (10) A probable cause panel convened to consider
3010 disciplinary action against an autonomous physician assistant or
3011 a physician assistant alleged to have violated s. 456.072 or
3012 this section must include one physician assistant. The physician
3013 assistant must hold a valid license to practice as a physician
3014 assistant in this state and be appointed to the panel by the
3015 Council of Physician Assistants. The physician assistant may
3016 hear only cases involving disciplinary actions against a
3017 physician assistant. If the appointed physician assistant is not
3018 present at the disciplinary hearing, the panel may consider the
3019 matter and vote on the case in the absence of the physician
3020 assistant. The training requirements set forth in s. 458.307(4)
3021 do not apply to the appointed physician assistant. Rules need
3022 not be adopted to implement this subsection.

3023 Section 54. Subsection (17) of section 464.003, Florida
3024 Statutes, is amended to read:

3025 464.003 Definitions.—As used in this part, the term:

3026 (17) "Practice of practical nursing" means the performance
 3027 of selected acts, including the administration of treatments and
 3028 medications, in the care of the ill, injured, or infirm; the
 3029 promotion of wellness, maintenance of health, and prevention of
 3030 illness of others under the direction of a registered nurse, a
 3031 licensed physician, a licensed osteopathic physician, a licensed
 3032 podiatric physician, a registered autonomous physician
 3033 assistant, or a licensed dentist; and the teaching of general
 3034 principles of health and wellness to the public and to students
 3035 other than nursing students. A practical nurse is responsible
 3036 and accountable for making decisions that are based upon the
 3037 individual's educational preparation and experience in nursing.

3038 Section 55. Paragraph (a) of subsection (4) of section
 3039 464.0205, Florida Statutes, is amended to read:

3040 464.0205 Retired volunteer nurse certificate.—

3041 (4) A retired volunteer nurse receiving certification from
 3042 the board shall:

3043 (a) Work under the direct supervision of the director of a
 3044 county health department, a physician working under a limited
 3045 license issued pursuant to s. 458.317 or s. 459.0075, a
 3046 physician or an autonomous physician assistant licensed or
 3047 registered under chapter 458 or chapter 459, an advanced
 3048 practice registered nurse licensed under s. 464.012, or a
 3049 registered nurse licensed under s. 464.008 or s. 464.009.

3050 Section 56. Paragraph (b) of subsection (1) of section

3051 480.0475, Florida Statutes, is amended to read:

3052 480.0475 Massage establishments; prohibited practices.—

3053 (1) A person may not operate a massage establishment
 3054 between the hours of midnight and 5 a.m. This subsection does
 3055 not apply to a massage establishment:

3056 (b) In which every massage performed between the hours of
 3057 midnight and 5 a.m. is performed by a massage therapist acting
 3058 under the prescription of a physician, autonomous physician
 3059 assistant, or physician assistant licensed or registered under
 3060 chapter 458;~~;~~ an osteopathic physician, autonomous physician
 3061 assistant, or physician assistant licensed or registered under
 3062 chapter 459;~~;~~ a chiropractic physician licensed under chapter
 3063 460;~~;~~ a podiatric physician licensed under chapter 461;~~;~~ an
 3064 advanced practice registered nurse licensed under part I of
 3065 chapter 464;~~;~~ or a dentist licensed under chapter 466; or

3066 Section 57. Subsection (2) of section 493.6108, Florida
 3067 Statutes, is amended to read:

3068 493.6108 Investigation of applicants by Department of
 3069 Agriculture and Consumer Services.—

3070 (2) In addition to subsection (1), the department shall
 3071 make an investigation of the general physical fitness of the
 3072 Class "G" applicant to bear a weapon or firearm. Determination
 3073 of physical fitness shall be certified by a physician,
 3074 autonomous physician assistant, or physician assistant currently
 3075 licensed or registered under ~~pursuant to~~ chapter 458, chapter

3076 459, or any similar law of another state or authorized to act as
 3077 a licensed physician by a federal agency or department or by an
 3078 advanced practice registered nurse currently licensed pursuant
 3079 to chapter 464. Such certification shall be submitted on a form
 3080 provided by the department.

3081 Section 58. Subsection (1) of section 626.9707, Florida
 3082 Statutes, is amended to read:

3083 626.9707 Disability insurance; discrimination on basis of
 3084 sickle-cell trait prohibited.—

3085 (1) No insurer authorized to transact insurance in this
 3086 state shall refuse to issue and deliver in this state any policy
 3087 of disability insurance, whether such policy is defined as
 3088 individual, group, blanket, franchise, industrial, or otherwise,
 3089 which is currently being issued for delivery in this state and
 3090 which affords benefits and coverage for any medical treatment or
 3091 service authorized and permitted to be furnished by a hospital,
 3092 a clinic, a health clinic, a neighborhood health clinic, a
 3093 health maintenance organization, a physician, an autonomous
 3094 physician assistant, a physician ~~physician's~~ assistant, an
 3095 advanced practice registered nurse practitioner, or a medical
 3096 service facility or personnel solely because the person to be
 3097 insured has the sickle-cell trait.

3098 Section 59. Paragraph (b) of subsection (1) of section
 3099 627.357, Florida Statutes, is amended to read:

3100 627.357 Medical malpractice self-insurance.—

3101 (1) DEFINITIONS.—As used in this section, the term:
 3102 (b) "Health care provider" means any:
 3103 1. Hospital licensed under chapter 395.
 3104 2. Physician, autonomous physician assistant ~~licensed~~, or
 3105 physician assistant registered or licensed~~7~~ under chapter 458.
 3106 3. Osteopathic physician, autonomous physician assistant,
 3107 or physician assistant registered or licensed under chapter 459.
 3108 4. Podiatric physician licensed under chapter 461.
 3109 5. Health maintenance organization certificated under part
 3110 I of chapter 641.
 3111 6. Ambulatory surgical center licensed under chapter 395.
 3112 7. Chiropractic physician licensed under chapter 460.
 3113 8. Psychologist licensed under chapter 490.
 3114 9. Optometrist licensed under chapter 463.
 3115 10. Dentist licensed under chapter 466.
 3116 11. Pharmacist licensed under chapter 465.
 3117 12. Registered nurse, licensed practical nurse, or
 3118 advanced practice registered nurse licensed or registered under
 3119 part I of chapter 464.
 3120 13. Other medical facility.
 3121 14. Professional association, partnership, corporation,
 3122 joint venture, or other association established by the
 3123 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 3124 10., 11., and 12. for professional activity.
 3125 Section 60. Paragraph (a) of subsection (1) of section

3126 627.736, Florida Statutes, is amended to read:

3127 627.736 Required personal injury protection benefits;
3128 exclusions; priority; claims.—

3129 (1) REQUIRED BENEFITS.—An insurance policy complying with
3130 the security requirements of s. 627.733 must provide personal
3131 injury protection to the named insured, relatives residing in
3132 the same household, persons operating the insured motor vehicle,
3133 passengers in the motor vehicle, and other persons struck by the
3134 motor vehicle and suffering bodily injury while not an occupant
3135 of a self-propelled vehicle, subject to subsection (2) and
3136 paragraph (4) (e), to a limit of \$10,000 in medical and
3137 disability benefits and \$5,000 in death benefits resulting from
3138 bodily injury, sickness, disease, or death arising out of the
3139 ownership, maintenance, or use of a motor vehicle as follows:

3140 (a) Medical benefits.—Eighty percent of all reasonable
3141 expenses for medically necessary medical, surgical, X-ray,
3142 dental, and rehabilitative services, including prosthetic
3143 devices and medically necessary ambulance, hospital, and nursing
3144 services if the individual receives initial services and care
3145 pursuant to subparagraph 1. within 14 days after the motor
3146 vehicle accident. The medical benefits provide reimbursement
3147 only for:

3148 1. Initial services and care that are lawfully provided,
3149 supervised, ordered, or prescribed by a physician or an
3150 autonomous physician assistant licensed or registered under

3151 chapter 458 or chapter 459, a dentist licensed under chapter
3152 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
3153 an advanced practice registered nurse who is registered to
3154 engage in autonomous practice under s. 464.0123 or that are
3155 provided in a hospital or in a facility that owns, or is wholly
3156 owned by, a hospital. Initial services and care may also be
3157 provided by a person or entity licensed under part III of
3158 chapter 401 which provides emergency transportation and
3159 treatment.

3160 2. Upon referral by a provider described in subparagraph
3161 1., followup services and care consistent with the underlying
3162 medical diagnosis rendered pursuant to subparagraph 1. which may
3163 be provided, supervised, ordered, or prescribed only by a
3164 physician or an autonomous physician assistant licensed or
3165 registered under chapter 458 or chapter 459, a chiropractic
3166 physician licensed under chapter 460, a dentist licensed under
3167 chapter 466, or an advanced practice registered nurse registered
3168 to engage in autonomous practice under s. 464.0123, or, to the
3169 extent permitted by applicable law and under the supervision of
3170 such physician, osteopathic physician, chiropractic physician,
3171 or dentist, by a physician assistant licensed under chapter 458
3172 or chapter 459 or an advanced practice registered nurse licensed
3173 under chapter 464. Followup services and care may also be
3174 provided by the following persons or entities:

3175 a. A hospital or ambulatory surgical center licensed under

3176 chapter 395.

3177 b. An entity wholly owned by one or more physicians or
 3178 autonomous physician assistants licensed or registered under
 3179 chapter 458 or chapter 459, chiropractic physicians licensed
 3180 under chapter 460, advanced practice registered nurses
 3181 registered to engage in autonomous practice under s. 464.0123,
 3182 or dentists licensed under chapter 466 or by such practitioners
 3183 and the spouse, parent, child, or sibling of such practitioners.

3184 c. An entity that owns or is wholly owned, directly or
 3185 indirectly, by a hospital or hospitals.

3186 d. A physical therapist licensed under chapter 486, based
 3187 upon a referral by a provider described in this subparagraph.

3188 e. A health care clinic licensed under part X of chapter
 3189 400 which is accredited by an accrediting organization whose
 3190 standards incorporate comparable regulations required by this
 3191 state, or

3192 (I) Has a medical director licensed under chapter 458,
 3193 chapter 459, or chapter 460;

3194 (II) Has been continuously licensed for more than 3 years
 3195 or is a publicly traded corporation that issues securities
 3196 traded on an exchange registered with the United States
 3197 Securities and Exchange Commission as a national securities
 3198 exchange; and

3199 (III) Provides at least four of the following medical
 3200 specialties:

- 3201 (A) General medicine.
- 3202 (B) Radiography.
- 3203 (C) Orthopedic medicine.
- 3204 (D) Physical medicine.
- 3205 (E) Physical therapy.
- 3206 (F) Physical rehabilitation.
- 3207 (G) Prescribing or dispensing outpatient prescription
- 3208 medication.
- 3209 (H) Laboratory services.

3210 3. Reimbursement for services and care provided in
 3211 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 3212 licensed under chapter 458 or chapter 459, a dentist licensed
 3213 under chapter 466, an autonomous physician assistant or a
 3214 physician assistant registered or licensed under chapter 458 or
 3215 chapter 459, or an advanced practice registered nurse licensed
 3216 under chapter 464 has determined that the injured person had an
 3217 emergency medical condition.

3218 4. Reimbursement for services and care provided in
 3219 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
 3220 provider listed in subparagraph 1. or subparagraph 2. determines
 3221 that the injured person did not have an emergency medical
 3222 condition.

3223 5. Medical benefits do not include massage as defined in
 3224 s. 480.033 or acupuncture as defined in s. 457.102, regardless
 3225 of the person, entity, or licensee providing massage or

3226 acupuncture, and a licensed massage therapist or licensed
 3227 acupuncturist may not be reimbursed for medical benefits under
 3228 this section.

3229 6. The Financial Services Commission shall adopt by rule
 3230 the form that must be used by an insurer and a health care
 3231 provider specified in sub-subparagraph 2.b., sub-subparagraph
 3232 2.c., or sub-subparagraph 2.e. to document that the health care
 3233 provider meets the criteria of this paragraph. Such rule must
 3234 include a requirement for a sworn statement or affidavit.

3235
 3236 Only insurers writing motor vehicle liability insurance in this
 3237 state may provide the required benefits of this section, and
 3238 such insurer may not require the purchase of any other motor
 3239 vehicle coverage other than the purchase of property damage
 3240 liability coverage as required by s. 627.7275 as a condition for
 3241 providing such benefits. Insurers may not require that property
 3242 damage liability insurance in an amount greater than \$10,000 be
 3243 purchased in conjunction with personal injury protection. Such
 3244 insurers shall make benefits and required property damage
 3245 liability insurance coverage available through normal marketing
 3246 channels. An insurer writing motor vehicle liability insurance
 3247 in this state who fails to comply with such availability
 3248 requirement as a general business practice violates part IX of
 3249 chapter 626, and such violation constitutes an unfair method of
 3250 competition or an unfair or deceptive act or practice involving

3251 the business of insurance. An insurer committing such violation
 3252 is subject to the penalties provided under that part, as well as
 3253 those provided elsewhere in the insurance code.

3254 Section 61. Subsection (5) of section 633.412, Florida
 3255 Statutes, is amended to read:

3256 633.412 Firefighters; qualifications for certification.—A
 3257 person applying for certification as a firefighter must:

3258 (5) Be in good physical condition as determined by a
 3259 medical examination given by a physician, surgeon, or autonomous
 3260 physician assistant or physician assistant licensed or
 3261 registered to practice in the state pursuant to chapter 458; an
 3262 osteopathic physician, surgeon, autonomous physician assistant,
 3263 or physician assistant licensed or registered to practice in the
 3264 state pursuant to chapter 459; or an advanced practice
 3265 registered nurse licensed to practice in the state pursuant to
 3266 chapter 464. Such examination may include, but need not be
 3267 limited to, the National Fire Protection Association Standard
 3268 1582. A medical examination evidencing good physical condition
 3269 shall be submitted to the division, on a form as provided by
 3270 rule, before an individual is eligible for admission into a
 3271 course under s. 633.408.

3272 Section 62. Subsection (8) of section 641.495, Florida
 3273 Statutes, is amended to read:

3274 641.495 Requirements for issuance and maintenance of
 3275 certificate.—

3276 (8) Each organization's contracts, certificates, and
 3277 subscriber handbooks shall contain a provision, if applicable,
 3278 disclosing that, for certain types of described medical
 3279 procedures, services may be provided by autonomous physician
 3280 assistants, physician assistants, advanced practice registered
 3281 nurses ~~nurse practitioners~~, or other individuals who are not
 3282 licensed physicians.

3283 Section 63. Subsection (1) of section 744.2006, Florida
 3284 Statutes, is amended to read:

3285 744.2006 Office of Public and Professional Guardians;
 3286 appointment, notification.-

3287 (1) The executive director of the Office of Public and
 3288 Professional Guardians, after consultation with the chief judge
 3289 and other circuit judges within the judicial circuit and with
 3290 appropriate advocacy groups and individuals and organizations
 3291 who are knowledgeable about the needs of incapacitated persons,
 3292 may establish, within a county in the judicial circuit or within
 3293 the judicial circuit, one or more offices of public guardian and
 3294 if so established, shall create a list of persons best qualified
 3295 to serve as the public guardian, who have been investigated
 3296 pursuant to s. 744.3135. The public guardian must have knowledge
 3297 of the legal process and knowledge of social services available
 3298 to meet the needs of incapacitated persons. The public guardian
 3299 shall maintain a staff or contract with professionally qualified
 3300 individuals to carry out the guardianship functions, including

3301 an attorney who has experience in probate areas and another
 3302 person who has a master's degree in social work, or a
 3303 gerontologist, psychologist, autonomous physician assistant,
 3304 registered nurse, or advanced practice registered ~~or~~ nurse
 3305 ~~practitioner~~. A public guardian that is a nonprofit corporate
 3306 guardian under s. 744.309(5) must receive tax-exempt status from
 3307 the United States Internal Revenue Service.

3308 Section 64. Paragraph (a) of subsection (3) of section
 3309 744.331, Florida Statutes, is amended to read:

3310 744.331 Procedures to determine incapacity.—

3311 (3) EXAMINING COMMITTEE.—

3312 (a) Within 5 days after a petition for determination of
 3313 incapacity has been filed, the court shall appoint an examining
 3314 committee consisting of three members. One member must be a
 3315 psychiatrist or other physician. The remaining members must be
 3316 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
 3317 a ~~or other~~ physician, an autonomous physician assistant, a
 3318 physician assistant, a registered nurse, an advanced practice
 3319 registered nurse ~~practitioner~~, a licensed social worker, a
 3320 person with an advanced degree in gerontology from an accredited
 3321 institution of higher education, or another ~~other~~ person who by
 3322 knowledge, skill, experience, training, or education may, in the
 3323 court's discretion, advise the court in the form of an expert
 3324 opinion. One of three members of the committee must have
 3325 knowledge of the type of incapacity alleged in the petition.

3326 Unless good cause is shown, the attending or family physician
3327 may not be appointed to the committee. If the attending or
3328 family physician is available for consultation, the committee
3329 must consult with the physician. Members of the examining
3330 committee may not be related to or associated with one another,
3331 with the petitioner, with counsel for the petitioner or the
3332 proposed guardian, or with the person alleged to be totally or
3333 partially incapacitated. A member may not be employed by any
3334 private or governmental agency that has custody of, or
3335 furnishes, services or subsidies, directly or indirectly, to the
3336 person or the family of the person alleged to be incapacitated
3337 or for whom a guardianship is sought. A petitioner may not serve
3338 as a member of the examining committee. Members of the examining
3339 committee must be able to communicate, either directly or
3340 through an interpreter, in the language that the alleged
3341 incapacitated person speaks or to communicate in a medium
3342 understandable to the alleged incapacitated person if she or he
3343 is able to communicate. The clerk of the court shall send notice
3344 of the appointment to each person appointed no later than 3 days
3345 after the court's appointment.

3346 Section 65. Subsection (3) of section 766.103, Florida
3347 Statutes, is amended to read:

3348 766.103 Florida Medical Consent Law.—

3349 (3) No recovery shall be allowed in any court in this
3350 state against any physician licensed under chapter 458,

3351 osteopathic physician licensed under chapter 459, chiropractic
 3352 physician licensed under chapter 460, podiatric physician
 3353 licensed under chapter 461, dentist licensed under chapter 466,
 3354 advanced practice registered nurse licensed under s. 464.012,
 3355 autonomous physician assistant registered under chapter 458 or
 3356 chapter 459, or physician assistant licensed under s. 458.347 or
 3357 s. 459.022 in an action brought for treating, examining, or
 3358 operating on a patient without his or her informed consent when:

3359 (a)1. The action of the physician, osteopathic physician,
 3360 chiropractic physician, podiatric physician, dentist, advanced
 3361 practice registered nurse, autonomous physician assistant, or
 3362 physician assistant in obtaining the consent of the patient or
 3363 another person authorized to give consent for the patient was in
 3364 accordance with an accepted standard of medical practice among
 3365 members of the medical profession with similar training and
 3366 experience in the same or similar medical community as that of
 3367 the person treating, examining, or operating on the patient for
 3368 whom the consent is obtained; and

3369 2. A reasonable individual, from the information provided
 3370 by the physician, osteopathic physician, chiropractic physician,
 3371 podiatric physician, dentist, advanced practice registered
 3372 nurse, autonomous physician assistant, or physician assistant,
 3373 under the circumstances, would have a general understanding of
 3374 the procedure, the medically acceptable alternative procedures
 3375 or treatments, and the substantial risks and hazards inherent in

3376 | the proposed treatment or procedures, which are recognized among
 3377 | other physicians, osteopathic physicians, chiropractic
 3378 | physicians, podiatric physicians, or dentists in the same or
 3379 | similar community who perform similar treatments or procedures;
 3380 | or

3381 | (b) The patient would reasonably, under all the
 3382 | surrounding circumstances, have undergone such treatment or
 3383 | procedure had he or she been advised by the physician,
 3384 | osteopathic physician, chiropractic physician, podiatric
 3385 | physician, dentist, advanced practice registered nurse,
 3386 | autonomous physician assistant, or physician assistant in
 3387 | accordance with ~~the provisions of~~ paragraph (a).

3388 | Section 66. Paragraph (b) of subsection (1) and paragraph
 3389 | (e) of subsection (2) of section 766.105, Florida Statutes, are
 3390 | amended to read:

3391 | 766.105 Florida Patient's Compensation Fund.—

3392 | (1) DEFINITIONS.—The following definitions apply in the
 3393 | interpretation and enforcement of this section:

3394 | (b) The term "health care provider" means any:

3395 | 1. Hospital licensed under chapter 395.

3396 | 2. Physician, autonomous physician assistant, or physician
 3397 | assistant licensed or registered under chapter 458.

3398 | 3. Osteopathic physician, autonomous physician assistant,
 3399 | or physician assistant licensed or registered under chapter 459.

3400 | 4. Podiatric physician licensed under chapter 461.

3401 5. Health maintenance organization certificated under part
3402 I of chapter 641.

3403 6. Ambulatory surgical center licensed under chapter 395.

3404 7. "Other medical facility" as defined in paragraph (c).

3405 8. Professional association, partnership, corporation,
3406 joint venture, or other association by the individuals set forth
3407 in subparagraphs 2., 3., and 4. for professional activity.

3408 (2) COVERAGE.—

3409 (e) The coverage afforded by the fund for a participating
3410 hospital or ambulatory surgical center shall apply to the
3411 officers, trustees, volunteer workers, trainees, committee
3412 members (including physicians, osteopathic physicians, podiatric
3413 physicians, and dentists), and employees of the hospital or
3414 ambulatory surgical center, other than employed physicians
3415 licensed under chapter 458, autonomous physician assistants or
3416 physician assistants registered or licensed under chapter 458,
3417 osteopathic physicians licensed under chapter 459, autonomous
3418 physician assistants or physician assistants registered or
3419 licensed under chapter 459, dentists licensed under chapter 466,
3420 and podiatric physicians licensed under chapter 461. However,
3421 the coverage afforded by the fund for a participating hospital
3422 shall apply to house physicians, interns, employed physician
3423 residents in a resident training program, or physicians
3424 performing purely administrative duties for the participating
3425 hospitals other than the treatment of patients. This coverage

3426 shall apply to the hospital or ambulatory surgical center and
 3427 those included in this subsection as one health care provider.

3428 Section 67. Paragraph (d) of subsection (3) of section
 3429 766.1115, Florida Statutes, is amended to read:

3430 766.1115 Health care providers; creation of agency
 3431 relationship with governmental contractors.—

3432 (3) DEFINITIONS.—As used in this section, the term:

3433 (d) "Health care provider" or "provider" means:

- 3434 1. A birth center licensed under chapter 383.
- 3435 2. An ambulatory surgical center licensed under chapter
 3436 395.
- 3437 3. A hospital licensed under chapter 395.
- 3438 4. A physician, autonomous physician assistant, or
 3439 physician assistant licensed or registered under chapter 458.
- 3440 5. An osteopathic physician, autonomous physician
 3441 assistant, or osteopathic physician assistant licensed or
 3442 registered under chapter 459.
- 3443 6. A chiropractic physician licensed under chapter 460.
- 3444 7. A podiatric physician licensed under chapter 461.
- 3445 8. A registered nurse, nurse midwife, licensed practical
 3446 nurse, or advanced practice registered nurse licensed or
 3447 registered under part I of chapter 464 or any facility which
 3448 employs nurses licensed or registered under part I of chapter
 3449 464 to supply all or part of the care delivered under this
 3450 section.

- 3451 9. A midwife licensed under chapter 467.
- 3452 10. A health maintenance organization certificated under
3453 part I of chapter 641.
- 3454 11. A health care professional association and its
3455 employees or a corporate medical group and its employees.
- 3456 12. Any other medical facility the primary purpose of
3457 which is to deliver human medical diagnostic services or which
3458 delivers nonsurgical human medical treatment, and which includes
3459 an office maintained by a provider.
- 3460 13. A dentist or dental hygienist licensed under chapter
3461 466.
- 3462 14. A free clinic that delivers only medical diagnostic
3463 services or nonsurgical medical treatment free of charge to all
3464 low-income recipients.
- 3465 15. Any other health care professional, practitioner,
3466 provider, or facility under contract with a governmental
3467 contractor, including a student enrolled in an accredited
3468 program that prepares the student for licensure as any one of
3469 the professionals listed in subparagraphs 4.-9.
- 3470
- 3471 The term includes any nonprofit corporation qualified as exempt
3472 from federal income taxation under s. 501(a) of the Internal
3473 Revenue Code, and described in s. 501(c) of the Internal Revenue
3474 Code, which delivers health care services provided by licensed
3475 professionals listed in this paragraph, any federally funded

3476 community health center, and any volunteer corporation or
 3477 volunteer health care provider that delivers health care
 3478 services.

3479 Section 68. Subsection (1) of section 766.1116, Florida
 3480 Statutes, is amended to read:

3481 766.1116 Health care practitioner; waiver of license
 3482 renewal fees and continuing education requirements.—

3483 (1) As used in this section, the term "health care
 3484 practitioner" means a physician, autonomous physician assistant,
 3485 or physician assistant licensed or registered under chapter 458;
 3486 an osteopathic physician, autonomous physician assistant, or
 3487 physician assistant licensed or registered under chapter 459; a
 3488 chiropractic physician licensed under chapter 460; a podiatric
 3489 physician licensed under chapter 461; an advanced practice
 3490 registered nurse, registered nurse, or licensed practical nurse
 3491 licensed under part I of chapter 464; a dentist or dental
 3492 hygienist licensed under chapter 466; or a midwife licensed
 3493 under chapter 467, who participates as a health care provider
 3494 under s. 766.1115.

3495 Section 69. Paragraph (c) of subsection (1) of section
 3496 766.118, Florida Statutes, is amended to read:

3497 766.118 Determination of noneconomic damages.—

3498 (1) DEFINITIONS.—As used in this section, the term:

3499 (c) "Practitioner" means any person licensed or registered
 3500 under chapter 458, chapter 459, chapter 460, chapter 461,

3501 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
3502 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
3503 association, corporation, firm, partnership, or other business
3504 entity under which such practitioner practices or any employee
3505 of such practitioner or entity acting in the scope of his or her
3506 employment. For the purpose of determining the limitations on
3507 noneconomic damages set forth in this section, the term
3508 "practitioner" includes any person or entity for whom a
3509 practitioner is vicariously liable and any person or entity
3510 whose liability is based solely on such person or entity being
3511 vicariously liable for the actions of a practitioner.

3512 Section 70. Subsection (3) of section 768.135, Florida
3513 Statutes, is amended to read:

3514 768.135 Volunteer team physicians; immunity.—

3515 (3) A practitioner licensed or registered under chapter
3516 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
3517 gratuitously and in good faith conducts an evaluation pursuant
3518 to s. 1006.20(2)(c) is not liable for any civil damages arising
3519 from that evaluation unless the evaluation was conducted in a
3520 wrongful manner.

3521 Section 71. Subsection (5) of section 794.08, Florida
3522 Statutes, is amended to read:

3523 794.08 Female genital mutilation.—

3524 (5) This section does not apply to procedures performed by
3525 or under the direction of a physician licensed under chapter

3526 458, an osteopathic physician licensed under chapter 459, a
 3527 registered nurse licensed under part I of chapter 464, a
 3528 practical nurse licensed under part I of chapter 464, an
 3529 advanced practice registered nurse licensed under part I of
 3530 chapter 464, a midwife licensed under chapter 467, or an
 3531 autonomous physician assistant or a physician assistant
 3532 registered or licensed under chapter 458 or chapter 459 when
 3533 necessary to preserve the physical health of a female person.
 3534 This section also does not apply to any autopsy or limited
 3535 dissection conducted pursuant to chapter 406.

3536 Section 72. Subsection (23) of section 893.02, Florida
 3537 Statutes, is amended to read:

3538 893.02 Definitions.—The following words and phrases as
 3539 used in this chapter shall have the following meanings, unless
 3540 the context otherwise requires:

3541 (23) "Practitioner" means a physician licensed under
 3542 chapter 458, a dentist licensed under chapter 466, a
 3543 veterinarian licensed under chapter 474, an osteopathic
 3544 physician licensed under chapter 459, an advanced practice
 3545 registered nurse licensed under chapter 464, a naturopath
 3546 licensed under chapter 462, a certified optometrist licensed
 3547 under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3548 a podiatric physician licensed under chapter 461, an autonomous
 3549 physician assistant registered under chapter 458 or chapter 459,
 3550 or a physician assistant licensed under chapter 458 or chapter

3551 459, provided such practitioner holds a valid federal controlled
3552 substance registry number.

3553 Section 73. Subsection (6) of section 943.13, Florida
3554 Statutes, is amended to read:

3555 943.13 Officers' minimum qualifications for employment or
3556 appointment.—On or after October 1, 1984, any person employed or
3557 appointed as a full-time, part-time, or auxiliary law
3558 enforcement officer or correctional officer; on or after October
3559 1, 1986, any person employed as a full-time, part-time, or
3560 auxiliary correctional probation officer; and on or after
3561 October 1, 1986, any person employed as a full-time, part-time,
3562 or auxiliary correctional officer by a private entity under
3563 contract to the Department of Corrections, to a county
3564 commission, or to the Department of Management Services shall:

3565 (6) Have passed a physical examination by a licensed
3566 physician, autonomous physician assistant, physician assistant,
3567 or licensed advanced practice registered nurse, based on
3568 specifications established by the commission. In order to be
3569 eligible for the presumption set forth in s. 112.18 while
3570 employed with an employing agency, a law enforcement officer,
3571 correctional officer, or correctional probation officer must
3572 have successfully passed the physical examination required by
3573 this subsection upon entering into service as a law enforcement
3574 officer, correctional officer, or correctional probation officer
3575 with the employing agency, which examination must have failed to

3576 reveal any evidence of tuberculosis, heart disease, or
3577 hypertension. A law enforcement officer, correctional officer,
3578 or correctional probation officer may not use a physical
3579 examination from a former employing agency for purposes of
3580 claiming the presumption set forth in s. 112.18 against the
3581 current employing agency.

3582 Section 74. Subsection (2) of section 945.603, Florida
3583 Statutes, is amended to read:

3584 945.603 Powers and duties of authority.—The purpose of the
3585 authority is to assist in the delivery of health care services
3586 for inmates in the Department of Corrections by advising the
3587 Secretary of Corrections on the professional conduct of primary,
3588 convalescent, dental, and mental health care and the management
3589 of costs consistent with quality care, by advising the Governor
3590 and the Legislature on the status of the Department of
3591 Corrections' health care delivery system, and by assuring that
3592 adequate standards of physical and mental health care for
3593 inmates are maintained at all Department of Corrections
3594 institutions. For this purpose, the authority has the authority
3595 to:

3596 (2) Review and make recommendations regarding health care
3597 for the delivery of health care services including, but not
3598 limited to, acute hospital-based services and facilities,
3599 primary and tertiary care services, ancillary and clinical
3600 services, dental services, mental health services, intake and

3601 screening services, medical transportation services, and the use
 3602 of nurse practitioner, autonomous physician assistant, and
 3603 physician assistant personnel to act as physician extenders as
 3604 these relate to inmates in the Department of Corrections.

3605 Section 75. Paragraph (n) of subsection (1) of section
 3606 948.03, Florida Statutes, is amended to read:

3607 948.03 Terms and conditions of probation.—

3608 (1) The court shall determine the terms and conditions of
 3609 probation. Conditions specified in this section do not require
 3610 oral pronouncement at the time of sentencing and may be
 3611 considered standard conditions of probation. These conditions
 3612 may include among them the following, that the probationer or
 3613 offender in community control shall:

3614 (n) Be prohibited from using intoxicants to excess or
 3615 possessing any drugs or narcotics unless prescribed by a
 3616 physician, an advanced practice registered nurse, an autonomous
 3617 physician assistant, or a physician assistant. The probationer
 3618 or community controllee may not knowingly visit places where
 3619 intoxicants, drugs, or other dangerous substances are unlawfully
 3620 sold, dispensed, or used.

3621 Section 76. Subsection (34) of section 984.03, Florida
 3622 Statutes, is amended to read:

3623 984.03 Definitions.—When used in this chapter, the term:

3624 (34) "Licensed health care professional" means a physician
 3625 licensed under chapter 458, an osteopathic physician licensed

3626 | under chapter 459, a nurse licensed under part I of chapter 464,
 3627 | an autonomous physician assistant or a physician assistant
 3628 | registered or licensed under chapter 458 or chapter 459, or a
 3629 | dentist licensed under chapter 466.

3630 | Section 77. Subsection (30) of section 985.03, Florida
 3631 | Statutes, is amended to read:

3632 | 985.03 Definitions.—As used in this chapter, the term:

3633 | (30) "Licensed health care professional" means a physician
 3634 | licensed under chapter 458, an osteopathic physician licensed
 3635 | under chapter 459, a nurse licensed under part I of chapter 464,
 3636 | an autonomous physician assistant or a physician assistant
 3637 | registered or licensed under chapter 458 or chapter 459, or a
 3638 | dentist licensed under chapter 466.

3639 | Section 78. Paragraph (i) of subsection (3) of section
 3640 | 1002.20, Florida Statutes, is amended to read:

3641 | 1002.20 K-12 student and parent rights.—Parents of public
 3642 | school students must receive accurate and timely information
 3643 | regarding their child's academic progress and must be informed
 3644 | of ways they can help their child to succeed in school. K-12
 3645 | students and their parents are afforded numerous statutory
 3646 | rights including, but not limited to, the following:

3647 | (3) HEALTH ISSUES.—

3648 | (i) Epinephrine use and supply.—

3649 | 1. A student who has experienced or is at risk for life-
 3650 | threatening allergic reactions may carry an epinephrine auto-

3651 injector and self-administer epinephrine by auto-injector while
3652 in school, participating in school-sponsored activities, or in
3653 transit to or from school or school-sponsored activities if the
3654 school has been provided with parental and physician
3655 authorization. The State Board of Education, in cooperation with
3656 the Department of Health, shall adopt rules for such use of
3657 epinephrine auto-injectors that shall include provisions to
3658 protect the safety of all students from the misuse or abuse of
3659 auto-injectors. A school district, county health department,
3660 public-private partner, and their employees and volunteers shall
3661 be indemnified by the parent of a student authorized to carry an
3662 epinephrine auto-injector for any and all liability with respect
3663 to the student's use of an epinephrine auto-injector pursuant to
3664 this paragraph.

3665 2. A public school may purchase a supply of epinephrine
3666 auto-injectors from a wholesale distributor as defined in s.
3667 499.003 or may enter into an arrangement with a wholesale
3668 distributor or manufacturer as defined in s. 499.003 for the
3669 epinephrine auto-injectors at fair-market, free, or reduced
3670 prices for use in the event a student has an anaphylactic
3671 reaction. The epinephrine auto-injectors must be maintained in a
3672 secure location on the public school's premises. The
3673 participating school district shall adopt a protocol developed
3674 by a licensed physician for the administration by school
3675 personnel who are trained to recognize an anaphylactic reaction

3676 and to administer an epinephrine auto-injection. The supply of
3677 epinephrine auto-injectors may be provided to and used by a
3678 student authorized to self-administer epinephrine by auto-
3679 injector under subparagraph 1. or trained school personnel.

3680 3. The school district and its employees, agents, and the
3681 physician who provides the standing protocol for school
3682 epinephrine auto-injectors are not liable for any injury arising
3683 from the use of an epinephrine auto-injector administered by
3684 trained school personnel who follow the adopted protocol and
3685 whose professional opinion is that the student is having an
3686 anaphylactic reaction:

3687 a. Unless the trained school personnel's action is willful
3688 and wanton;

3689 b. Notwithstanding that the parents or guardians of the
3690 student to whom the epinephrine is administered have not been
3691 provided notice or have not signed a statement acknowledging
3692 that the school district is not liable; and

3693 c. Regardless of whether authorization has been given by
3694 the student's parents or guardians or by the student's
3695 physician, autonomous physician assistant, physician ~~physician's~~
3696 assistant, or advanced practice registered nurse.

3697 Section 79. Paragraph (b) of subsection (17) of section
3698 1002.42, Florida Statutes, is amended to read:

3699 1002.42 Private schools.—

3700 (17) EPINEPHRINE SUPPLY.—

3701 (b) The private school and its employees, agents, and the
 3702 physician who provides the standing protocol for school
 3703 epinephrine auto-injectors are not liable for any injury arising
 3704 from the use of an epinephrine auto-injector administered by
 3705 trained school personnel who follow the adopted protocol and
 3706 whose professional opinion is that the student is having an
 3707 anaphylactic reaction:

3708 1. Unless the trained school personnel's action is willful
 3709 and wanton;

3710 2. Notwithstanding that the parents or guardians of the
 3711 student to whom the epinephrine is administered have not been
 3712 provided notice or have not signed a statement acknowledging
 3713 that the school district is not liable; and

3714 3. Regardless of whether authorization has been given by
 3715 the student's parents or guardians or by the student's
 3716 physician, autonomous physician assistant, physician ~~physician's~~
 3717 assistant, or advanced practice registered nurse.

3718 Section 80. Paragraph (a) of subsection (1) and
 3719 subsections (4) and (5) of section 1006.062, Florida Statutes,
 3720 are amended to read:

3721 1006.062 Administration of medication and provision of
 3722 medical services by district school board personnel.—

3723 (1) Notwithstanding the provisions of the Nurse Practice
 3724 Act, part I of chapter 464, district school board personnel may
 3725 assist students in the administration of prescription medication

3726 when the following conditions have been met:

3727 (a) Each district school board shall include in its
3728 approved school health services plan a procedure to provide
3729 training, by a registered nurse, a licensed practical nurse, an
3730 advanced practice registered nurse, a physician licensed
3731 pursuant to chapter 458 or chapter 459, an autonomous physician
3732 assistant, or a physician assistant registered or licensed
3733 pursuant to chapter 458 or chapter 459, to the school personnel
3734 designated by the school principal to assist students in the
3735 administration of prescribed medication. Such training may be
3736 provided in collaboration with other school districts, through
3737 contract with an education consortium, or by any other
3738 arrangement consistent with the intent of this subsection.

3739 (4) Nonmedical assistive personnel shall be allowed to
3740 perform health-related services upon successful completion of
3741 child-specific training by a registered nurse or advanced
3742 practice registered nurse licensed under chapter 464, a
3743 physician licensed pursuant to chapter 458 or chapter 459, an
3744 autonomous physician assistant, or a physician assistant
3745 registered or licensed pursuant to chapter 458 or chapter 459.
3746 All procedures shall be monitored periodically by a nurse,
3747 advanced practice registered nurse, autonomous physician
3748 assistant, physician assistant, or physician, including, but not
3749 limited to:

3750 (a) Intermittent clean catheterization.

- 3751 (b) Gastrostomy tube feeding.
- 3752 (c) Monitoring blood glucose.
- 3753 (d) Administering emergency injectable medication.
- 3754 (5) For all other invasive medical services not listed in
- 3755 this subsection, a registered nurse or advanced practice
- 3756 registered nurse licensed under chapter 464, a physician
- 3757 licensed pursuant to chapter 458 or chapter 459, or an
- 3758 autonomous physician assistant or a physician assistant
- 3759 registered or licensed pursuant to chapter 458 or chapter 459
- 3760 shall determine if nonmedical district school board personnel
- 3761 shall be allowed to perform such service.

3762 Section 81. Paragraph (c) of subsection (2) of section
 3763 1006.20, Florida Statutes, is amended to read:

3764 1006.20 Athletics in public K-12 schools.—

3765 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3766 (c) The FHSAA shall adopt bylaws that require all students
 3767 participating in interscholastic athletic competition or who are
 3768 candidates for an interscholastic athletic team to
 3769 satisfactorily pass a medical evaluation each year before ~~prior~~
 3770 ~~to~~ participating in interscholastic athletic competition or
 3771 engaging in any practice, tryout, workout, or other physical
 3772 activity associated with the student's candidacy for an
 3773 interscholastic athletic team. Such medical evaluation may be
 3774 administered only by a practitioner licensed or registered under
 3775 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.

3776 | 464.0123, and in good standing with the practitioner's
3777 | regulatory board. The bylaws shall establish requirements for
3778 | eliciting a student's medical history and performing the medical
3779 | evaluation required under this paragraph, which shall include a
3780 | physical assessment of the student's physical capabilities to
3781 | participate in interscholastic athletic competition as contained
3782 | in a uniform preparticipation physical evaluation and history
3783 | form. The evaluation form shall incorporate the recommendations
3784 | of the American Heart Association for participation
3785 | cardiovascular screening and shall provide a place for the
3786 | signature of the practitioner performing the evaluation with an
3787 | attestation that each examination procedure listed on the form
3788 | was performed by the practitioner or by someone under the direct
3789 | supervision of the practitioner. The form shall also contain a
3790 | place for the practitioner to indicate if a referral to another
3791 | practitioner was made in lieu of completion of a certain
3792 | examination procedure. The form shall provide a place for the
3793 | practitioner to whom the student was referred to complete the
3794 | remaining sections and attest to that portion of the
3795 | examination. The preparticipation physical evaluation form shall
3796 | advise students to complete a cardiovascular assessment and
3797 | shall include information concerning alternative cardiovascular
3798 | evaluation and diagnostic tests. Results of such medical
3799 | evaluation must be provided to the school. A student is not
3800 | eligible to participate, as provided in s. 1006.15(3), in any

3801 interscholastic athletic competition or engage in any practice,
 3802 tryout, workout, or other physical activity associated with the
 3803 student's candidacy for an interscholastic athletic team until
 3804 the results of the medical evaluation have been received and
 3805 approved by the school.

3806 Section 82. Subsection (1) of section 1009.65, Florida
 3807 Statutes, is amended to read:

3808 1009.65 Medical Education Reimbursement and Loan Repayment
 3809 Program.—

3810 (1) To encourage qualified medical professionals to
 3811 practice in underserved locations where there are shortages of
 3812 such personnel, there is established the Medical Education
 3813 Reimbursement and Loan Repayment Program. The function of the
 3814 program is to make payments that offset loans and educational
 3815 expenses incurred by students for studies leading to a medical
 3816 or nursing degree, medical or nursing licensure, or advanced
 3817 practice registered nurse licensure, autonomous physician
 3818 assistant registration, or physician assistant licensure. The
 3819 following licensed or certified health care professionals are
 3820 eligible to participate in this program: medical doctors with
 3821 primary care specialties, doctors of osteopathic medicine with
 3822 primary care specialties, autonomous physician assistants,
 3823 physician ~~physician's~~ assistants, licensed practical nurses and
 3824 registered nurses, and advanced practice registered nurses with
 3825 primary care specialties such as certified nurse midwives.

3826 Primary care medical specialties for physicians include
3827 obstetrics, gynecology, general and family practice, internal
3828 medicine, pediatrics, and other specialties which may be
3829 identified by the Department of Health.

3830 Section 83. For the 2019-2020 fiscal year, 3.5 full-time
3831 equivalent positions with associated salary rate of 183,895 are
3832 authorized and the sums of \$219,089 in recurring funds and
3833 \$17,716 in nonrecurring funds from the Medical Quality Assurance
3834 Trust Fund are appropriated to the Department of Health for the
3835 purpose of implementing the requirements of this act.

3836 Section 84. This act shall take effect July 1, 2019, if HB
3837 7079 or similar legislation is adopted in the same legislative
3838 session or an extension thereof and becomes a law.